WITH UNFADING INK. Supply every item of inf important. Physicians: please write the causes of

PLAINLY, vis especially i

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /67

CERTIFICATE OF DEATH

Anne Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Maryland County Anne Arundel Co. Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. Olay Street (If rural, give LOCATION) World War 11 3. (b) Social Security Number			
George Issaac Adams				
4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 17. 19. 46. 21. 17. 19. M.			
Florine Bell Adams 6.(b) Name of husband or wife	21. I CERTIF) that death occurred on the date about sted; ON MON Pour Example of Seath DURATION DURATION			
9. Birthplace Annapolis, Md. 10. Usual occupation 11. Industry or business Barber 12. Name George Adams 13. Birthplace Anne Arundel Co.	Due to. District Wound Due to. Orting and figure Ledler Dther conditions			
Nanie Jones 14. Maiden name Nanie Jones 15. Birthplace Anna Arundel Co. Annapolis 16. Informant Mrs Florine Bell Adams	(Include pregnancy within 3 months of death) Major findings of operations			
Address 30 Clay Street 17 Burial 18 Burial Date (Month) (May) (Month) (Month) (May) (Month) (Month) (May) (Month) (M	Antoppy results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due texternal causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or jown) Injured at home, farm, industry, public place, (where?) Means of fnjury Means of fnjury Many Many Many Many Many Many Many Many			

AUG 22 1946 BUREAU V 8 2411 N. Charles St., Baltimore 85

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CERTIFICATE OF DEATH

		- 46	CERTIFICAT	Reg. Dist. No.	
1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Anne Arundel				state Maryland county Anne Arundel.	
City or town	utside city or town li	imits, write R	URAL and give nearest town)		
How long in above place	of death?			City or town. Annapolis (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or				Street No. 5 Brooke St.	
			•••••	(If rural, give LOCATION)	
How long in hospital or	Institution?	***************************************		2.(a) If veteran, name war	
3. (a) FULL NAMI	E			3. (b) Social Security Number	
	Emma	May BAS	TT		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
F	W	C4	ngle	August 27 16 . 1100	
F	1 44	1 01	.ugre	20. DATE DF DEATH. August 27 19. 46 1/4	M
6.(b) Name of husband	or wife			21. I CENTIFY that death occurred on the date above stateu;	
		8.(6	e) If alive, give ageyears	POSTMORTEM EXAMINATION	•
7. Birth date of	Sept	ember 9	1895		3
deceased (mo., day, y		Days	If less than one day	Immediate cause uf death	
o. Adu.		7.0	hrsmln.	B	••••
50	111	18		Convulsions	300
9. Birthplace	nnapolis.	Maryla	andatate)	Due to	
	,			6 pile psy)
10. Usual occupation	***************************************	MANG		Due to	••••
11. Industry or busines	s no	ne			••••
12. NameGe	eorge T. B	asil		Other conditions	
13. Birthplace	Maryland			(Include pregnancy within 3 months of death)	_
	Ressie	Rell Gr	egory		
E 14. maiden name.	Annano	Aic Ma	804.7	Major findings of operations	
14. Maiden name.	Alliapoi	ulb, Ho	. •	Date of op.	
16. Informant MY	Thomas	GBasi	1	Autopsy results	***
Address 5 Br	ooke St.	Annapo	olis, Md.		-
Puntol		Data than	ul Angust 20 16	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation	, or removal. Which	Date ther	eolAugust 29.76	Accident, suicide, or homicide	• • • •
Cemetery or cremate	Cedar	Bluff	***************************************	Where did injury occur? (City or town) (County) (State)	000
1			and	Injured at home, farmy-industry, public place (where?)	****
				Means of Injury Injured at work?	
18. Funeral director. Ben L. Hopping				If a la a many	
Address 170-172 West St. Appapolis Md.				1 Mu M Catty M.D. meller	

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 30 1946

BUREAU V.S.

WRITE PLAINLY WITH UNF is especially important. PLEASE

(Date ree'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2	0200
1	07665
Reg	Diat. No.

2411 N. Charle	ea St., Baltimore (93-4)
CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Color or race Colo	MEDICAL CERTIFICATION 20. DATE OF DEATH August 31 1946 21 755 P
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18 49 19 49 10 August 31 19 46 and that I last saw h. CR. alive on August 31 19 46
8. AGE: Years Months Days If less than one day Surknown hrs. min. 9. Birthplace (Town, county, and state)	Immediair cause of death DURATION (fromic thyocan elits Know Oue to to us
10. Usual occupation	Oue to
14. Maiden name Will Moury 15. Birthplace Wil Knowy	(Include pregnancy within 3 months of death) Major findings of operations
Address Crownsvelle State Hountal 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Location 18. Funeral director	Where did injury occur?

Registrar Address.....

8	WRITE PLAINLY
W. C.	WRITE
	PLEASE

N

Address 322 N. Schroeder St., Balto., Md.

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

			lea St., Baltimore 3007 TE OF DEATH	1761 Reg. Diat. No	
Hospital, Institution, or street address Crownsville	lle, Maryla or town limits, white R 15 yrs, 5 m ass where death occurred State Hosp	os, 18 days : ital	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		nearest town)
3. (a) FULL NAME BLAK	E - GEORGE			3. (b) Social Security	y Number
4. Sex male 5. Color or bla		e, married, widowed, or divorced idower	MEDICAL C	CERTIFICATION	,a5:00 A
7. Birth date of deceased (mo., day, yr.) 18 8. AGE: Years Mont	75	It alive, give age	21. I CERTIFY that death occurred on the date a February 14 11 and that I last saw h im alive on A Immediate cause of death General Paresis	31 16 August ugust 2	2 19 19 OURATION Known to
11. Industry or business un	borer known	tate)	Due to		
13. Birthplace Maryl	and inda Snowde	n	Other conditions	3 months of death)	
16. Informant Hospi	tal Records sville, Mar	rel and			
Buried (Burial, cremation, or remove Cemetery or crematory Location Westport	Date there Mt. Auburn	ot Aug. 6, 1946 (month) (day) (year)		Date of	(State)

Registrar Address Crownsville, Haryland Bate signed 8/2/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CEDTIFICATE OF DEATH

	CERTIFICA	Reg. Dist. N	0	
1. PLACE OF DEATH:	her all	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Crown syille		State Maryland County A		
City or town		Baltimore City		
How long in above place of death?	ars, & months 24 da	City or town	ive nearest town)	
Crownsville Stat	e Hospital	Street No		
*****		(17 trus, give Book 10 tr)		
3. (a) FULL NAME		3. (b) Social Sec	curity Number	
BOULDIN ELI	JAH			
4. Sex 5. Color or rack	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male bl.	widowed	20. DATE OF DEATH. Augus 10, 19.	46 at 7 P	
6.(b) Name of husband or wifeunkn	own	21. I CERTIFY that death occurred on the date above stated: that I attend	ed deceased from	
	6.(c) If alive, give ageyears	MORCHOCI TO 1000 10 MINING	16	
7. Birth date of deceased (mo., day, yr.)	4,60-5	and that f last saw harman alive on and that f last saw harman alive on an analysis of the same and that f last saw harman alive on an analysis of the saw harman alive		
8. AGE: Years Months	Days If less than one day	Generalized arterioscle-	DURATION Since	
68	hrsmin.	rosis	del coi	
	nd	Due to.	Marramhan	
	nd	Due 10	1936	
10. Usual occupation Farmer		Due to		
11. Industry or business			***************************************	
置 12. Name Bouldin W	ilson	Other conditions Senile psychosis, cerebral arterioslerosis		
X 13. Birthplace Virginia	a.	(Include pregnancy within 3 months of death)		
H 14. Maiden name Pierson	Cosanda	(Include pregnancy within 3 months of death)		
15. Birthplace unknown		Major findings of operations		
Hognital	records	Actorsy results.		
Address Crownsville	***************************************	PHYSICIAN: Please underline the cause to which death should be cl		
		22. VIOLENCE: It death was due to external causes, fill in the following:		
17(Burjal, cremation, or removal, Which?)	Date thereot. (mont) (day) (year)	Accident, suicide, or homicide	l	
	ulrun Cun	Where did injury occur?	(State)	
	ne - 111)cl	Injured at home, farm, Industry, public place (where?)		
18. Funeral directal box FF 424		Means of Injury Injured at wo	k?	
	Adle At	Wall Khin	torad	
Official land	30.	23. SIGNATURE	1000	

Registrar | Address.

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AUG 13 1946
BUREAU V S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	11051
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	Vula : a a a a a a a a a a a a a a a a a a
City or town	State County
How long in above place of death?	City or town
Hospital Institution, or street address where death occurred:	Street No Raymon Hays.
Kaynor Has.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elizabeth Virginia Buye	1 214-03-742
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2 46
Temale white Married.	20. OATE OF DEATH August 19.38, at 107. M
6.(6) Name of husband or wife. Arouse C. /20-yes	21. I CENTEY that death occurred on the date shove stated: that Lattended deceased from 46
A Pe (a) If alter give any 6 (waste	19 to 10 19
7. Birth date of MAA 7 96 1080	and that flast saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
6. 800.	arother the second
3 / 5 / 3 mln.	Caccinomporus
9. Birthplace (Town, county, and state)	Due to Alassan
	Leave we some
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth W. Wheeles 15. Birthplace 15. Birthplace	Care inoura / rury
15 8/4 Miles	Major findings of operations
MA. J. C. Bruga	
16. Informant	Autopsy results
Address h Marian 10 97, Maria	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Varial Oate thereof Sept 3, 1946	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did injury occur?
Cemetery or crematory	
Location	Injured at bome, farm, Industry, public place (where?)
19. Funeral director Willy, Licher + Sous.	Means of Injury Anjured at work?
11 - Da Molling River Balla Mik.	Deput & St. Mar. Mar. A.
Address Comment of the Comment of th	23. SIGNATURE M. P. or other
19.	Javage Wh. Boto clouder 13/1/46

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AUG 24 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

OPPORTUGATE OF PRATEI



	TE OF DEATH Reg. Dist. I	728
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	give nearest town)
3. (a) FULL NAME betairons Butts	3. (b) Social Se	curity Number
4. Sex Wale 5. Color or race 6.(a)Single, married, widowed, or divorced Warse	MEDICAL CERTIFICATION 20, DATE DF DEATH. Kingust 18	96 3 630 A
6.(b) Name of husband or wife. Flores. Partify 6.(c) It alive, give age Michael Congression of the date of deceased (mo., day, yr.)	rs 0 - 4 4 4 17 0	ded deceased from (18
8. AGE: Years Months Days If less than one day William Dury hrs	n. Jeneral Paren	o Kuow
9. Birthplace	Due to	mul May 23
12. Name	Diher conditions (Include pregnancy within 3 months of death)	1941
14. Maiden name Lavius tarks 15. Birthplace Mod	Major findings of operations	ıp
16. Informant Hospital Records Address Crononfuelle Hd	Antopsy results	
17. Burial (Burial, cremation, or removal (Which?) Of Calebra State (morth) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowin Accident, suicide, or homicide	0t(State)
Location Ballywork Co. Dal	Injured at home, nem, industry, public place (where?)	***************************************
Address / 6 8 / Albuil Ofile Que	23. SIGNATURE PARTY	Goods M, D, or other
19. (Date regd by registrar) Registr	ar Address	

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MARYLAND STATE DEPARTMENT OF HEALTH

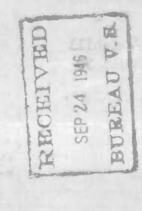
2411 N. Charles St., Baltimore // Ta

CERTIFICATE OF DEATH

07671

Per Dist No. 27

1. PLACE OF DEATH: County Anne Arundel				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or fown Fort George G. Meade. Maryland (If outside city or town limits, write RURAL and give nearest town)		State Pennsylvania County			
How long in above plac	e of death? Fou	r mont	າຣຸ	Cily or town Wilmerding (If outside city or town limit	s, write RURAL and give nearest town)
			Army Area	Street No. 449 Welch Avenue	
			Et.Geo.G. Weade, Md.	(If rural, give	LOCATION)
		e Lays		2.(a) If veteran, name war	
3. (a) FULL NAM					3. (b) Social Security Number
	, WM	A R. C.			467-09 - 7905
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
FEMALE	WHITE	M	ARRIED	20 August	19.46 at
	7.1.0		7 0 1 122		
			m J. Cahill	21. I CERTIFY that death occurred on the date abo	46, to 30 aug 19 HG
***************************************		6.(c) It alive, give age 39 years	18.	2.5 Aug 11/2
7. Birth date of	yr.) 2 May 1	916		and that I last saw h. e	29 Aug 19 46.
8. AGE: Year		Days	If less than one day	Immediate cause of death Un. d.ia.g.nosc	
30	0 3	28	brsmln.		cocytosis, cerebral
	, , ,	1		intexication, Asthma,	>Kin Fash
9. Birthplace Hou	ston, Texa	S	state)	Probably due to I	eriarteritis
	Clerical	work	state)	Nodosa ar dissemina	
10. Usual occupation		warw		thematasis	
11. Industry or busine					
				Other conditions	
	Houston,	exas		(Include pregnancy within 3	
Maldan name	Eva Gaffr	ev	***************************************		
14. Malden name	Texas	d.	***************************************	Major findings of operations	None
16. Informant Hu:	sband - ls	t Sgt.	John J. Cahill	Antopsy results In Flamed Aortic	Value Ruptured Peptic ulcer
Address For	t George G	. Meade	. Maryland	PHYSICIAN: Please underline the cause to w	
			,	22. VIOLENCE: It death was due to external car	
(Burial, crematio	on, or removal. Which	Date ther	eot31 August 1946.	Accident, suicide, or homicide	Date of
Cemetery or cremetery Fort Sam Houston				Where did injury occur?(City or town)	(County) (State)
Location Tex	as o			Injured af home, farm, Industry, public place (w	
			al Wome Wy	Means of Injury	Injured at work?
18. Funeral director	Gaen p.	1 11	D PA ()		1 101 111
Address 4	44 yo	in B	Jel . Hays.	23. SIGNATURE Robert E. E	claralt Maj MC
19. 31 August, 19.46 Romand Adrum (Date rec'd by registrar) BERNARD F. KERWIN Capt. Registrar			CEDISTN Cant Registrar	Address Recional Hospital FGGM Date signed 23 Sep 46	
(Date lee a by I	DEILINE	RU FA	MAC.	7	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

07672, 3

Date signed 15 5/14

CERTI	FICATE OF DEATH Reg. Dtat. No.
1. PLACE OF DEATH: County Anne Arundel City or town Rural Glen Burnie P.O. (If outside city or town limits, write RURAL and give nearest How long in above place of death? 10 yrs. Hospital, institution, or street eddress where death occurred:	State Md. County Anne Arundel City or town Rural Glen Burnie P.O. (If outside city or town limits, write RURAL and give nearest town) Street No. Solley Road (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
ANDREW CARPENSKI	o. (v) because security radiuses
4. Sex 5. Color or race L.(a) Single, married, widowed, or divo	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	111 A b A/L
B. BirthplaceBaltimore, Maryland (Town, county, and state) 10. Usual occupationWelder 11. Industry or business Shipbuilding	Oue to Des la Sign Marie Hay Marie Just Due to Oue to Sur Just Course of Sur Just Course
12. Name Frank Carpenski 13. Birthplace Poland	Other conditions
13. Birthplace Poland 14. Maiden name Mary Anuszewsk1 15. Birthplace Poland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mrs. Mary Carpenski Address Solley Road, Glen Burnie P.O. 17. Burial Oate thereof August 27. (Burial, cremation, or removal. Which?) Cemetery or crematory St. Stanislaus Location Baltimore 16. Funeral director Address / 50 8 Saylew Curl Address / 50 8 Saylew Curl (Oate rec% by registrar)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; (year) Accident, suicide, or homicide

Registrar A Alesson D. D.

07673

	TE OF DEATH Reg. Dist. N	28
1. PLACE OF DEATH: County Anne Arundel County City or lown. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 days. Hospital institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 10 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore	ive nearest town)
COLE - MARION 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male black married	20. DATE OF DEATH August 6	46 12:40
St., Baltimore, Md. S.(e) If alive, give age unk. year 7. Birth dale of deceased (mo., day, yr.)	and that I last saw h im alive on August 6	st 6 19 4
8. AGE: Years Months Days If less than one day unknown hrs. min	Immediate cause of deathLung Tuberculosis	Known to
8. Birlhplace	Due to	Knownito
13. Birthplace North Carolina	(Include pregnancy within 3 months of death)	us since 7/29/
14. Maiden name Ada ? 15. Birthplace North Carolina Hospital Records	Major findings of operations	
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be ct 22. VIOLENCE: If death was due to external causes, fill in the following:	
Buried (Burial, eremation, or removal, Which?) Cemetery or crematory Arbutus Memorial	Accident, suicide, or homicide	(State)
Location Arbutus, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Wm. A. Jackson Address 916 Pennsylvania Ave., Balto., Md. 19. Aug 7 1946 £ 7, Joyce Vo	23. SIGNATURE AFEAL PRISS	M. D. or other
(Date rec'll by registrar) Registrar	Crownsville, Maryland Date s	signed 8/6/46

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MARYLAND STATE DEPARTMENT OF HEALTH

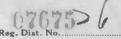
2411 N. Charles St., Baltimore (95-4)

63	67	4	-
Reg	Dist	No	Le

CERTIFICAT	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. County		
City or town	City or town. 648 George Street Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No.		
How long in hospital or institution? 5 months, 7 days	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME COLOR - FANNY Grage	3. (b) Social Security Number		
4. Set 5. Color or race 8.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH August 29 19.46 21.5:25 P.		
6.(b) Name of husband or wife	and that i last saw h		
8. PAGEs eer lears Months Days If less than one day 70 and 80 unknown	Immediate cause of death. Chronic Myocarditis Chronic Myocarditis DURATION Known to		
9. Birlhpiace Maryland (Town, county, and state) 10. Usual occupation Housework 11. Industry or business	Due to		
12. Name James Woodward 13. Birthplace Maryland	Diher conditions Senile Psychosis Known to us since		
14. Malden name Caroline Bryant ? 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations		
16. Intermant Hospital Records Address Crownsville, Mæryland	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. B. W. (Burial, eremation, or removal, Which?) Date thereot. 9 - 3-46 (morth) (dgs) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide		
Location	Where did Injury occur? (City or town) (County) (State) Injured at home farm, industry, public place (where?) Means of injury thjured at work?		
18. Funeral director	Mest / Asint soon		
19. 9-3 46 Court Registrar Registrar	M. D. or other		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)



CERTIFICA	IE OF DEATH Reg. Diat. No.
County. Anne Arundel County City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 24 days. Hospital, institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 24 days. 3. (a) FULL NAME DOWNS - MARY MARGARET	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex female black S.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH August 23 19 46 at 1:00 A
8. AGE: Years Months Days It less than one day S. (b) Name of husband or wite. Nimrod Downs, 614 George St. Balt imore, Md. S. (c) It alive, give age. unk. years 1. Birth date of deceased (mo., day, yr.) Bays It less than one day 1. Days It less than one day 1. Days It less than one day	
9. Birthplace	Due to Due to Due to Differ conditions Psychosis with Cerebral Known to
12. Name Unknown 13. Birthplace Unknown 14. Maiden name Unknown 15. Birthplace Unknown	Arteriosclerosis us since 8/10/4 (the lude pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Crownsville, Maryland 17. Buried Buried Bate thereot. Aug. 26, 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore Baltimore 18. Funeral director. Isiah Brown & Son Address 108 W. Montgomery St., Balto, Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
19. The 19th during during	23. SIGNATURE M. D. or other M. D. or other Address Strong Sylvand Bate signed 8/23/46

2411 N. Charles St., Baltimore 183

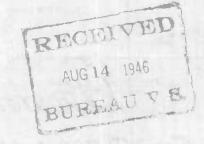
07676

CERTIFICATE	OF	DEATH
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	2411 N. Charles St., Baltir	more 183	07676	
Cl	ERTIFICATE OF	DEATH	Reg. Dist. No 2.	*****************
County City or town limits, write RURAL and grade of dealh?	Slate	RESIDENCE (HOME) OF ewborn infants give residence of m Coun	write RUMAL and give neares	t toya)
How long In hospital or Institution?		ran, name war		
3. (a) FULL NAME William	S. Dugger	is fr.	3. (b) Social Security Nu	mber
4. Sex 5. Color or race 6.(a) Single, maggies, wido	wed, or divorced	MEDICAL CE	ertification	15
6.(b) Name of husband or wife	21. I CERTIFY	hat death occurred on the date abov	re (tatel); the national description of	FC1820
7. Birth date of deceased (mo., day, yr.) Del 29 19	36 alliantes	A sale to the sale on	Hug 12	DURATION
8. AGE: Years Months Days If less than 9. Birthplace Plans (flown, county, and state) 10. Usual occupation.	hrs	Arown	mg-	••••••
11. Industry or business 12. Name 90m S. Dugguns 13. Birthplace Wynson Saffern	Sh	ons		
# 14. Maiden named feeling 7 ise		(Include pregnancy within 3 m		
16. Informant Vin Sugger	Antonsy resu	ults		
17. (Buriai, cremation, or rendval, Which?) Cemetery or crematory.) (day) (yea)) Accident, suic	ICE: If death was due to external cause icide, or homicide.	ses, fill in the following: Let Baie of Country Country	112/4 Mary Ca
18. Funeral director. Advantage Andress	meens of Inju	John In Clar	Injured at work?	pute dica
19. Quegest 1319.46	23. Signard	Annapoles !	M. D. of c	other 8/12/

MARGIN RESERVED FOR BINDING

VS A15



DEDOMERS WITH A STREET OF THE COLUMN

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE-OF DEATH: item of information carefully causes of death clearly and How long in above place of death?.... Hospital, institution, or street address where doath occurred: How long in hospital or institution?..... 2.(a) If veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or raco MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 7. Birth date of Supply 6 decoased (mo., day, yr.) DURATION 8. AGE: Physicians: please 10. Usual occupation. WITH UNF important. (Include pregnancy within 3 months of death) Major findings of operations..... PLAINLY, V is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Injured at homo, farm, industry, public place (where?)

tniured at work?

M. D. or other

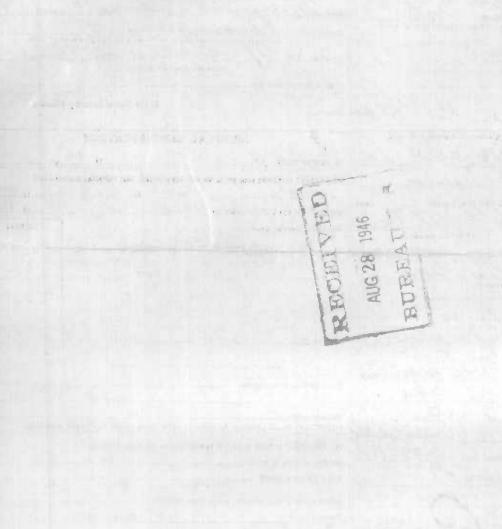
Where did injury occur?(City or town)

Means of Injury

PLEASE

(Burial, cremation, or removal, Which?)

18. Funeral director.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

67678

		OT	
Dist.	No.	21	

1. PLACE OF DEATH: County Anne Arundel City or fown Marley Neck (If outside city or town limite, write RURAL end give nearest town) How loog in above place of death? Since birth Hospifal, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother) State
3. (a) FULL NAME JAMES OLIVER EDWARDS	3. (b) Social Security Number
4. Sex male colored single	MEDICAL CERTIFICATION 20. DATE OF DEATH AUGUST 17 19 46 15 A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. I2 19. 45 to AUS. I7 19.46 and that I last saw h. im. alive on August I3 18. 46. Immediate cause of death.
8. AGE: Years Months Days it less than one day	Cerebral hamorrhage 4 days Due to Arteriosclerosis 7 years
8. Birthplace	Buoto. Bither conditions Arteriosclerotic heart disease
14. Maiden name Elizabeth ? 15. Birthplace A. A. Co. Md. 16. Intermant Samuel Otis Edwards P. O. Clan Burnic Md.	(Include pregnancy within 8 months of death) Major findings of operations. Bate of op. Antopsy results. PHYSICIAN: Pfeese underline the cause to which death should be charged stetistically.
Address 17. Birial Bate thereof 8- 19-46 (Burial, eremation, or removal. Which?) Cemefery or crematory Marley Neck Ceme Location Marley Neck, A. A. Co., Md. 18. Funeral director Isiah Brown and Son Address IOS W. Mongomery 52.	22. VIOLENCE: If deafh was due to external causes, fill in the following: Accident, suicide, or homicide
19. S-17 19. 46 X. A. Wheel (Date rec'd by registrar) Registrar	M. D. or the

MATERIAN STAIL DESTRIBLED IN SERVIN

DEPARTMENT OF THE PART OF

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No. of the security

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a)

CERTIFICATE OF DEATH

07679

		21
Dist	No	2//

			CERTIFICAL	Reg. Diet. No.
1. PLACE OF DEATH: County			JRAL and give nearest town)	Street No
		KENNE		
4. Sex Male	S. Color or race White		married, widowed, or divorced Single	MEDICAL CERTIFICATION 25 20. DATE OF DEATH 1946 31
7. Birth date of deceased (me., da)	y, yr.) Januar ars Months	6.(c) If alive, give ageyear 1944 If less than one day	and that I lost saw after on 19
10. Usual occupation 11. Industry or busin	Ch Frank Lee	ild Fowle	Id.	Due to Sudden Maf Due to filed dessus to Other conditions
13. Birthplace 14. Malden nam 15. Birthplace	Mildre Balt	d A. I	[ichael	(Include pregnancy within 3 months of deeth) Major findings of eperations. Bate of ep.
Address 17. Buria. (Burial, crematic Cemetery or crematic Location	Mountain On, or removal Which? atory Glen H Annapolis	Rd., I Date there aven I Rd.,	Pasadena, Md. Sept. 3, 1946 (month) (day) (year) Memorial Cem. A.A. Co. Md. Registra Registra	PHYSICIAN: Please underline the cause to which deeth should be charged statistically. 22. VIOLENCE: If death was due to prepare causes, fill of the following: Accident, suicide, or homicide to the cause of the following: Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Accident, suicide, or homicide to the cause of the following: (Country Country occur? Injured at home, farm, industry, public place (where?) Injured at work? 23. Stenature M. D. or other

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State On Caryles County County
City or town	
Now long In above place of death?	City or town
Hoonital Institution or street address where death occurred.	Street No. Pitelie Highway
Emerzency Hospila	(If rural, give L CATION)
How long in hospital of institution?	2.(a) If veicran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
S. (a) POLL HAML	3. (0) Social Security Number
anna marjaret	707
4. Sex 5. Color or race 6.(a) Single, married, widowed, convorced	MEDICAL CERTIFICATION
+ w wedow	20. DATE OF DEATH (MGM 13 1946) at 3.45 74 .M
0. 291	
6.(U) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	Clary 10 1960, to lary 13 1960
7. Birth date of deceased (mo., day, yr.) Zeb 26 - 1866	and that I last saw has alive on
	Immediate cause of death
0. 102.	Wilsonmy Colonia 3 days.
80 3 18min.	
9. Birthplace	Due to
(Town, coddey, and state)	ac Cardiere Milatahin 3 deus
10. Usual occupation	
11. Industry or business	Due to
	Caroning morning 3 during
E 12. Name Cook	Other conditions
13. Elrthplace	(Include pregnancy within 3 months of death)
14. Maiden name. And The Strain 15. Birthplace	
Es Comme	Major findings of operations
\$ 15. Birthplace	Date of op.
16. Informant Coarles w Tof	Artopsy results
Address and abolin 17 7 0 3 13 of 3 m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, eremation, or removal, Which?) Date thereof Muq. 16 - 46 (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur?
25 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Location Pelcher # 13k to 24	Injured at home, farm, Industry, public place (where?)
18. Funeral director B. L. Happing	Means of Injury Injured at work?
	(ha) 11/2
Address amapsler.	23. SIGNATURE M. T. K. CLINTAINS DOWN
"Ougust 15" 46 Troomich	23. SIGNATURE M. D. or other
19.	note alread 8 1 3/40

AUG 16 1946 BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: Anne Arundel information carefully. The dof death clearly and legibly. Kentucky County Adair Co. Kv. (If outside city or towe limits, write RURAL and give nearest town Gedberry, Kentucky
(If outside city or town limits, write RURAL and give nearest towe) How long in above place of death?.... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) world war 2.(a) If veteran, name war How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Burel Hogard FRANKUM 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION item of i White Single Male MARGIN RESERVED FOR BINDING 20. DATE OF DEATH Chagust 7 19.44 at Lica PM 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from Single S.(b) Name of husband or wife..... Med on agraval 19 10 10 S.(c) If alive, give age.....years May 29, 1924 deceased (mo., day, yr.) Days It less than one day Months 8. AGE: Yearshrs. 9. Birthplace Gadberry , Kentucky (Towo, county, and state) Seaman 10. Usual occupation... 11. Industry or business Untenous 12. Name..... 13. Birthplace important. Unganon (Include pregnancy within 3 months of death) Mary Frankum Major fiedings of operations 10 operation 14. Maiden name... 15. Birthplace Unknown PLAINLY, vis especially PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Date thereot (morth) (day) (year) injured at home, farm, industry, public place (where?) U.S.S. Per Injured at work? Msens of tnjury Lugarda M. D. or other VS Date signed aug. 10, 194

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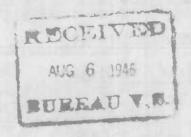
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

3	2.	17	6	8	2	
leg.	Diat.	No.		27	,	

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: NONE (For newborn infants give residence of mother)		
	rundel					
City or town Fort George G. Meade, Maryland (If outside city or town limits, write RURAL and give nearest town)				State		
How long in above place of death? Lt. days Hospital, Institution, or street address where death occurred: Army Area				City or town		
Regional Station Hospital, Ft. Geo. G. Mead How long in hospital or institution? 14 days /Md.				(If enryl give LOCATION)		
3. (a) FULL NAM				3. (b) Social Security		
	NATHAN G					
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Sir	ngle	20. DATE OF DEATH AUGUST 2 19. 46	at.10:00A.m	
7. Birth date of		6.(6	c) It alive, give ageyeers	21. I CERTIFY that death occurred on the date above stated; that I attended decea 30 July, 1946, to 2. August and that I last saw himalive on August 2,	, 19.46 19.46	
8. AGE: Year		Days	it less than one day	Immediate cause of death		
01 110111	7 7	8	hrs. min.	Probably cerebric-vascular accident secondary to coronary occlusion		
9. Birthplace Chns tochowa, Poland (Town, county, and state) 10. Usual occupation. No particular occupation. 11. Industry or business None				Due to		
				Other conditions	8010008011180000000	
13. Birthplace Chns tochowa, POLAND 14. Malden name Gndel Gndelman Glickerman 15. Birthplace Chns tochowa, POLAND 18. Informani J. I. Glickerman (Brother)				(Include pregnancy within 3 months of death) Major findings of operations. None		
E 15. Birthplace Chns tochowa, POLAND				Bate of op.		
18. Informant J. I. Glickerman (Brother)				Autopsy results. None performed PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address 154 W. Division St., Chicago, Illinoi 17. Chicago, Illinoi (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)				22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide		
Cemetery or crematory Supplied				Where did injury occur?	(State)	
Location				Injured at home, farm, industry, public place (where?)		
18. Funeral directed of the Chambers Co				Means of Injury Injured at work?		
Address 5 801	+ Elevela	Blue	Riverdale, and	23. SIGNATURE 3 LL S. 60.00 HUGHAA. WELLS, 1st Lt., M.C.D.	or other	
(Date rec'd by registrar) V. B. TAYLOR, Capt. MAC Registrar			Capt. MAC Registrar	AddressReg. Hosp. F.t.G. G. Meade Wate signed.		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CEDTIFICATE OF DEATH

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CERTIFIC	AIL OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If of side city or town limits, write RUKAL and give nearest town) low long in above place of death?	City or town (If outside city or town limit), write RURAL and give nearest town) Street No. 1780 Massach Arg. V. W.
How long in hospital or institution?	(If rural, give LOCATION) 2.(α) If veteran, name war
3. (a) FULL NAME LEON F. GRE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced NARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 10 19 46 21 10 3
8.(6) Name of husband or wife SIMONE GRELL	21. I CPUTET that death occurred on the dat for stated: 1000 and 1
7. Birth date of MAY 94 1903	Immediate cause of death DURATION
8. AGE: Years Months Days If tess than one day 1 Months Days If tess than one day 1 Months Days If tess than one day	Brushed skull sude
9. Birthplace ANTIVERP BELGIUM (Town, county, and state)	Due to. Kemorhage sall
10. Usual occupation BELGIUM EcontoNIC MIS	Due to
12. Name. JOHN GRELL 13. Birthplace ANTINERP BELGIUM 15. PETERS	Dther conditions
# 14. Maiden name GABRIELLE PEETERS	(Include pregnancy within 3 months of death) Major fiadings of operations.
14. Maiden name GABRIELLE PEETERS 15. Birthplace ANTIWERP BELCIUM	Date of op
18. Informant WILLIAM F. G. RELL Address P. 6 B - 42 NEW MILFORD COM	Autopsy results
17 EMPORARY VAULT Date thereof. Hug 13 19 (month) (day) (year	Accident, suicide, or homicide with the following: Where did injury occur? Nowto 50 P. P. Manuface
Cemetery or crematory FOR FAINCOLY Location WASHANG-TON DC.	Injured at home, tarm, industry, public place (where?) orto
18. Funeral director. JUHN M. TAYLUR & So	Mssns of Injury MM - Letteck Injured at work? The Top Top Could Make the Market
Address ANNA PO h S	23. SIGNATURE THE COUNTY M. D. or other

(H) MARGIN RESERVED FOR BINDING

VS A15

AUG 14 1946
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Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIEY that deathroccurses on the date above stated; that Lattended deceased from DURATION (Include pregnancy within 3 months of death) Major findings of operations..... Autopsy results .. PHYSICIAN: Please adderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing Accident, suicide, or homicide..... Where did injury occur? (City or town) injured at home, tarm, industry, public place (where?) ... Injured at work? Maans of injury

Registrar

LAINLY, especially PL 国 SE

W

(Date rec'd by registrar)

AUG 21 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

		ATC GE
X	Reg.	Dist. No.

			CERTIFICA	TE OF DEATH
How long in above place of Hospital, institution, or st Drop at How long in hospital or in 3. (a) FULL NAME	Anne Annapol side city or fown if death? ***** treet address where B & A. St nstitution?	tis Md. filmits, write is death occurre attion	d:	State Maryland County Anne Arundel City or town Annapolis Neck (if outside city or town limits, write RURAL and give nearest town)
Female	Col.		AND THE REAL PROPERTY.	
Female Col. Married 6.(b) Name of husband or wife. Joseph Gross 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) August 24, 1893			Gross (c) If alive, give ageyes	
8. AGE: Years	Months	Days	If less than one day	Immediata cause of death
9. Birthplace				Obegit
11. Industry or business	2.0	ne		Due to
12. Name				Dther conditions'
14. Maiden name. Annie Hayes 15. Birthplace Dover Deleware				(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
18. Informant Joseph Gross				Autopsy results
Location Anna	Annapo polis Nec rs Charl	ck Les E.	reof August 12, (month) (day) (year) ck Cemetery Hicks napolis Md.	Means of Injury Injured at work? Wellief
19. Quaris (Date rec's by regi	1219 41 strar)	o/	Touch Registr	M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 14 1946
REPTAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore (193) CERTIFICATE OF DEATH 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: death clearly and legibly. (For newborn infants give residence of mother) week carefull How long in above place of death?. and give pearest town) Hospital, institution, or street address where death occurred: Street No .. information of death cle How long in hospital or institution? 2.(a) It veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number aurence Hanson MEDICAL_CERTI item of i MARGIN RESERVED FOR BINDING Alta M. Hanson ... 6.(c) It alive, give ege ... 37 7. Birth date of deceased (mo., day, yr.) Supply Immediate cause of death DURATION Months It less than one day 8. AGE: please ADING INK. (Town, county, and state) arpentey -10. Usual occupation... 11. Industry or business UNKNOWN 12. Name ... important. 13. Birthplace (Include pregnancy within 8 months of death) Major findings of operations cspecially PLAINLY. PHYSICIAN: Please underline the cause to which death should be charged statistically. ugusta 22. VIOLENCE: It death was due to external causes, fill in the following: (month) (day) (year) ometru WRITE Injured at home, farm, Industry, public place (where?) Cooks Place and injured at work? Registrar Date signed



man a many and I I want

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Maryland

19 46 at 7:45 P.

DURATION known to us since

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 yrs, 4 mos, 23 days Hospital, Institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 8 yrs, 4 mos, 23 days	City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) 894 Tyson Street Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME HARRIS - ELIZABETH	3. (b) Social Security Number		
female black B.(a)Single, married, widowed, or divorced widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 7 19.46		
8.(b) Nama of husband or wife Freeman Harris 7. Birth date of deceased (mo., day, yr.) 1911	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14. 19. 38., to August 7. 19 and that I last saw her alive on August 7. 19		
8. AGE: Years Months Days If less than one day 35 unknown hrsmin.	Immediate cause of death		
9. Birthplace Maryland (Town, county, and state) 18. Usual occupation Domestic 11. industry or business El 12. Name Thomas Thomas 13. Birthplace unknown	Due to		
14. Malden name Minnie Hammond 15. Birthplace unknown Hospital Records	Major findings of operations		
Hospital Records Address Crownsville, Maryland Buried Date thereof Aug. 12, 1946 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Mt. Auburn Location Baltimore City 18. Funeral director Mrs. S. T. Hemsley	Where did injury occur?		
Address 578 W. Biddle St., Balto., Md. 19 Aug 9 1946 & Doyce Cora	23. SIGNATUR M. D. or other Crownsville, Maryland Date signed 8/7/4		

1. PLACE OF DEATH:

AGIN RESERVED FOR BINDING

Anne Arundel County

Crownsville, Maryland



PLEASE

VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DATH: Arms Arms del	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infagts give residence of mother)
County	State Mary land County House Housel
City or town	City or town
How long in above place of death?	MANYABAAN, MITTAN,
	Street No
How long In hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Touth. Frankly	Haven 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	20, DATE OF DEATH. MILLIANT 18 46 at
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended despect from
6.(c) If alive, give age	rears ostnortew Oxaumation
7. Birth date of deceased (mo., day, yr.) Felr 11. 1884	and their first saw to a saw t
8. AGE: Years Months Days If less than one day	Immediate cause of death
62 60 a	min. Surcide by havemy
9. Birthplace / Taltimon City	Puperal director states body doung hanging i
(Town, county, and state)	condition indicating death in 1946 about Aug
10. Usual occupation	Home, long untouched, contained table with
11. Industry or business	decayed food thereon; calendars and mail in- dicated August 1946. Residents had noted
12. Name of the state of the st	foul odor in neighborhood for some time.
The state of the s	(include pregnancy within 3 months of death) 10/31/47 LL
11. Maiden name Comelia Haftia 15. Birthplace Dt. Mary's County	Major findings of operations.
El 15. Birthplace	Dale of op.
16. Informant	Autopsy results
Address 600 DO Nothing of Salymon	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide autelle Bate of unanson
Cemetery or crematory	Where did injury occur? (Wity or town) (Coupty) (State)
Location (O'd I omnell 87; Batter gus	injured at home, fach, industry, public place (where?)
18. Funeral director la harles & Seiler	Means of Injury hanging by rofe to Rick Injured at work? Webuts
Address 901 & Compliana St.	If m (1-11 mg) medical
A pt 21 12 2 2 11 12	23. SIGNATURE TOMM IN OUTPY M. D. OF Other
19. (Chata regist by registrar) 19. 4 (Chata registrar)	Har Address Annaboles Maryand Bate signed 10/29/4

H)MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946

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CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: Arine Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 27 yrs, 11 days Hospital, institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 27 yrs, 11 days	State Maryland County Talbot City or town Trappe (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME HAYWARD - ANNIE R.	3. (b) Social Security Number		
4. Sex female black 6.(a)Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20, DATE OF DEATH. August 2 19 46 21 5:40 A a		
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 19.19 to August 2 19.46		
7. Birth date of	and that I last saw h. er alive on August 2 18.46		
8. AGE: Years Months Days If less than one day 50 unknown	Coronary Thrombosis One day		
9. Birthplace	Due to.		
E 12. Name James Hayward 13. Birthplace Maryland	Deficiency Deficiency Mental Known to us since 7/21/19		
14. Maiden name. Leah Mills 15. Birtholace Maryland	(Include pregnancy within 8 months of death) Major findings of operations Date of op.		
Address Crownsville, Maryland 17. (Hurial, cremation, or removal, Which?) Output Ou	Autopsy results		
Cemetery or crematory	Where did Injury occur?		
18. Funeral director Address Overwhorste Md. 19. Lang J. 194 & F. Louce Local	23. SIGNATURE M. D. or other M. D. or other M. D. or other B. Address. Crownsville, Maryland Date Signed 8/2/46		



H.UNFADING INK. Supply every item of information carefully ortant. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, is especially

A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
who H. Heid	None.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH A 4 9 UST 23 1946 21 8:30 FM
Maria A 11-11	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	ang. 15 1946 to Ang 33 1946
//ee Huber years	
T. Birth date of deceased (mo., day, yr.) October 22, 1845	and that I last saw harmalive on 6 3 19 4 C
8. AGE: Years Months Days If less than one day	Immediate cause of death
50 10 1hrsmin.	Candra Lasans Says
9 Birthplace Baltimore	Bue to.
(Town, county, and state)	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10. Usual occupation K. F. D Cayyiey	Due to
11. Industry or business U. S. Post Office Dept.	W0 14
12. Name FYRNK Heid	Diher conditions
12. Name Ftank Heid 13. Birthplace Bait: Mote, Md	
14. Maiden name Josephine SANders 15. Birthplace Baltimote Md	(Include pregnancy within 8 months of death) Major findings of operations
15 Rithhlace Partimote Md	major nadags of operations
16. Informant MYS. Marie Heid	Autopsy results
1:41/2 11:47 11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address .	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Baie thereof 4 4 4 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Louden Jayk	Where did injury occur? (City or town) (County) (State)
Location Baltimore Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Komos W Singleton	Means of Injury Injured at work?
Address GIEN BUYNIE ML.	elas 6. Bace 6, 25
Que 21 11 masse 200	23, SIGNATURE M. D. or other
(Date rec'd by/legistrar) Registrar	Address Date signed 8.23-46



PLEASE

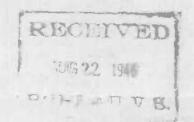
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd.

CERTIFICATE OF DEATH

(7690-Reg. Diat. No. 21

1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Stale Maryland Stale Couoly Anne Arundel City or town Skidmore near Annapolis (If outside city or town limits, write RURAL and give nearest town) Near Annapolis Street No.	
City or town		
How long in hospital or institution? 12 Days	(If paral, give LOCATION) Non e 2.(a) If veteran, name war	
3. (a) FULL NAME Samuel Henson	3. (b) Social Security Number None	
Male Colored Single Male Single	20. DATE OF DEATH WEDICAL CERTIFICATION 20. DATE OF DEATH WEDICAL CERTIFICATION 1946, 36, 30 P.	
6.(b) Name of husband or wife None 6.(c) If alive, give age years 7. Birth dale of deceased (mo., day, yr.) 1874	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from to the same of the same	
8. AGE: Years Months Days If less than one day 71 8 10hrsmin.	Immediais cause of death.	
9. Birthplace Skidmore near Annapolis 10. Usual occupation Gardener 11. Industry or business Charles Henson 12. Name Skidmore near Annapolis 13. Birthplace Skidmore near Annapolis 14. Maiden name Mary Thomas 15. Birthplace Skidmore near Annapolis	Due to Due to Biher conditions the conditions the conditions of the conditio	
16. Informant Herman Colbert Address Skidmore	Autopsy results	
Burial Date thereof 8 22 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory Broad Neck Skidmore	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location 1B. Funeral director. Address 43-45 Northwest Street 19. Quanta 19. 46. Registrar Registrar	Means of Injury Injured at work? 23. SIGNATURE Address. Address. Address. Date signed. Address.	



MARGIN RESERVED FOR BINDING

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

076912/2 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Anne Arundel	State Maryland county Baltimore City	
(If outside city or town limits, write RURAL and give nearest town)	Deltimone	
How long in above place of death? 34 days	City or fows	
Nospital, Institution, or street address where death occurred:	Streef No. Unknown	
Md. House of Correction	(If rural, give LOCATION) 2.(a) If veteran, name war.	
How long in hospital or institution?		
3. (a) FULL NAME	3. (b) Social Security Number	
Edward Holmes		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Col'd Single	20. DATE DF DEATH August 29. 19.46 ,15:10 Pm	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	July 31 18 46 6 August 29 18 46	
7. Birth date of	and that I last saw h im alive on August 29 19 46	
deceased (mo., day, yr.) Not known	Immediate caose of death Congestive heart DURATION	
8. AGE: Years Months Days If less than one day	failure & edema of the lungs. one de	
56min.		
9. Birihplace(Town, county, and state)	Due to Aortic & mitral insufficiency.	
10. Usual occupation. Unknown		
77 1	Due to	
(1) Metally C. Statistics		
12. Name	Dither conditions	
	(Include pregnancy within 3 months of death)	
H 14. Malden name Unknown 15. Birthplace Unknown	Major findings of operations None	
15. Birthplace Unknown	Major findings of operations.	
	Autopsy results. None	
16. Informant None	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address		
17 brussal Bate thereof Sept 7 1946	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Borial, cremation, or removal. Which()	Accident, suicide, or homicide	
Cemetery or crematory Oulling Office.	Where did injury occur?	
Location Assula Mol	Injured at home, farm, Industry, public place (where?)	
O Stoubled balling	Means of Injury Injured at work?	
18. Funeral director	61 100 1 1	
Address Sesuch	Olys Holask Ma	
Sohen HO Lang Mand h	23. SIGNATURE M. D. or other	
(Date for d by registrar) Registrar	Address Maryland House of Corposigned 8/30/46	

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SEP 30 1946
BUREAU VE

07692 p

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Maryland Causty
City or town	Raltimore
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2466 Druid Hill Ave. (If rural, give LOCATION)
How long in hospital or institution? D.O.A.	2.(a) If veteran, name war
3.(a) FULL NAME EDWARD FOW ARD COLEMAN	Howard 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH august 30 1946, of 5 = P N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
7. Birth date of The horses 20 1025	end that I last saw hallye on
deceased (mo., day, yr.) February 20, 1922	Immediate cause of death
8. AGE: Years Months Days If less than one day 24 min.	accidental belles Sudders
9. BirthplaceBaltimore, Md. (Town, county, and state)	Due to A monsolile accelent
10. Usual occupation. Garage attenuant	Due to
11. Industry or business	Other conditions
12. Name Linwood Howard 13. Birthplace Charlottesville, Va.	
Marion Wicks	(Include pregnaucy within 3 months of death)
14. Maiden name Queen Anne Co. Md.	Major fiedings of operations.
Togenhine Howard	Uate of op.
	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2466 Druid Hill Ave.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. (month) (dey) (year)	Accident, suicide, or homicide County Oate of Suice Oate o
Cemetery or crematory Arbutus Memorial Pk.	(City of LOWA)
Location Baltimore Co. Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mrs. George H. Holland	Means of Injury automobile assides Anjured et work?
Address 1631 Druid Hill Ave.	a lenston A. Famber S. B.
G-3 46 auxelent	23. SIGNATURE Trucked Extreme M., D. or other
19	Address Island Bussil not Date signed 12/1/61

PLEASE WAITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly VS A15

MARGIN RESERVED FOR BINDING

A15 AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

07693

			251
200	Dist	N.	25.00

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County and annual.	masuland. 1.1
(If outside city or town limits, write RURAL and give nearest town)	Size County Park
How long in above place of death?	(If outside city or town limits, writs RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	Street No. Muple States Road.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mes. a.da. C. Hughes	· wone
4. Sex 5. Color or race 6.(a) Single, married, widowell, or divorced	MEDICAL CERTIFICATION
t. W Widael	20. DATE OF DEATH CILT MALE 3/ 19.54 (21 / 24 / 24 / 24 / 24 / 24 / 24 / 24 /
8.(6) Name of husband or wife A A A A A A	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	august 11 18 46, 10 aug. 31 1846
7. Sirth date of	and that last saw h Ax alive on aug 30
deceased (mo., day, yr.) XXXII 2 - 8 FO	Immediate cause of death
8. AGE: Years Months Days It less than one day	Cocchael Hemanlage 12 hos.
alexandria (11 di	
8, Birthplace (Town, county, and state)	Due to.
10. Usual occupation) Kousewifel -	1 The Ball and the state of the
11. Industry or business Tustron at Rosewood irraing School.	Due to
= 12. Name Thomas H Coakley -	Other conditions.
12. Name Thomas H Coakley 13. Birtholace V MA MA	
El Trucky & tone	(Include pregnancy within 3 months of death)
14. Malden name Truly Stone 15. Birthplace I ashenglon, J. C.	Major findings of operations
	- Date of op.
18. Informantins F. Cleventon -	Antopsy results
Address Severna Purk, Md.	PHYSICIAN: Please naderline the cause to which death should he charged statistically.
Junal Date thereof Sept 2, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory and Miles and Company	Where did injury occur? (City or town) (County) (State)
Location Gullemore MA	injured at home, farm, industry, public place (where?)
7 May 1 1 Nove	Means of Injury Injured at work?
18. Funeral director	
Address 1247 Ki John J	23. SIGNATURE Sustave A faceher MIL
10 Clus 31 1046 modealta	M. D. or other
(Date rec's by registrar) Registrar	Address Suewill Mg. Date signed / 3/40

SEP 3 1945 BUREAUVE

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No...

67694

100	100	-	
1	_	- 4-	-

1. PLACE OF DEATH: ang arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Pairal, Severn	State of aryland county and arise de
(If outside city or town limits, write RURAL and give nearest town)	City or town Severy, Rural
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street audiess where death occurred.	Street No
tow long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Michael Jablonski	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH August 30 1946 at 5 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(c) If alive, give ageyea	may 27 19 4/6, 10 aug 29 19 4
7. Birth date of	and that I last saw h. Ally alive on
deceased (mo., day, yr.) 8 A.G.F. Years Months Days It less than one day	Immediate cause of death Coron and Oceliaum DURATION
8. AGE: Years Months Days It less than one day	n. 2 <i>4</i>
Polond	Ly Berkresia, Esses
9. Birlhplace	But in tousen 1 24"
10. Usual occupation. Farmer	Tatesio Selerone 14x
11. Industry or business For Self	000 10.0
Jacob Jablonski	Other conditions
E 13. Birthplace Poland	
	(Include pregnancy within 3 months of death)
Julia Szczelczyk	Major findings of operations
15. Birthplace Poland	Oate of op.
16. Informant Mary Jablonski	Autopsy results
Address Pox 49 Severn Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
112/1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dt Stanislaus	Where did injury occur?
RATI	Injured at home, farm, Industry, public place (where?)
Location Dallaman	Means of Injury Injured at work?
18. Funeral director Tred W. Ozrazowate	
Address 1 930 Castern Vary.	23. SIGNATURE ON MONEMAN MIN
alt- U6 A.I. Helich	23. SIGNATURE M. D. or other
(Once rec'd by registrar)	ar Address Milles will mo Date signed 8/3/

MARGIN RESERVED FOR BINDING

VS A15



PLEASE WRITE PLAINLY, WITH UNFADING TRK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN BESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (46%)

07695

1				4	2
1	Reg.	Dist.	No.	 مل	S

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Or dear Thick	State County a C
(If outside city or town limits, write RURAL and give nearest town)	0.0.11.10
How long in above place of death? 4 rother Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where weath occurred:	Street No. Ceder Hel Lane
Now long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie D). Jones
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale Colored Weder	20. DATE DF DEATH. 0.0 2 19.46 , et 6
6,(b) Name of husband or wife	of Foregreen and a state of the first state of the state
7. Birth date of	and that I yes saw h. e.s. alive on Que 2 19.45
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of Jeath DURATION
7.3	in Caroinsmala (Somech)
9. Birthplace Bury add . n. C. (Town, county, and state)	Due to.
10. Usual occupation.	
ff. Industry or business	Due to.
12. Name	··· Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mattee 15. Birthplace N. C.	Major findings of operations
₹ 15. Birthplace	Date of op.
16. Informant Charles Ines	Autopsy results
Address 1201 n. Frank & are	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or crematory Busque . Y.C.	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
	Means of tnjury Injured at work?
1B. Funeral director.	
Address 0142 WHELL SX	- Julian H. M.
aux 3 "11 moren ofto	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) Registrs	ar Address 511. Dehoeder V. Date signed 8/3/46

AUG 6 1946
BUREAU V K.

2411 N. Charles St., Baltimore (Bel)

CERTIFICATE OF DEATH

			21	
Reg.	Dist.	No.	21	

1. PLACE OF DEATH: Orundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give replience of mother)
A . A . MARINE	State Maryland County U.
(If outside city or owe limits, write RURAL and give nearest town)	City or town Consequence
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sirest No
V	Sirest No (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Margaret	Fones 3. (b) Social Security Number
4. Sex 5. Color or race o.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale White Married	20. DATE OF DEATH augus # 2 19 46 at 16 30
Edward B. Jones	21. I CERTIFY that death occurrer on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	" Kovember 1945 10 Aug 22 1946
7. Birth date of 19 (9	and that I last saw h = R alive on Adding 22 2 19 45
8. AGE: Years Months Days It es than one day	Immediate cause of death
26 min.	aubital American 24 hr
9. Dirthplace Davidsonvelle Md. (Town, county, and state)	Due to Any prestament C. V. deser-
10, Usual occupation	Due to.
11. Industry or business	046 ()
E 12. Name Williams Jundy	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Hullwria	Major fiadings of operations.
15. Birthplace	
16. Informant May	Autopsy results
Address 68 Regiones de Consegue de	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17(Burial, cremation, or removal, Which?) Date thereo (month) (day) (year)	Accident, suicide, or homicide
Cemetery or company Celan Bluff	Where did injury occur?
(meli / Rms.	Injured at home, tarm, Industry, public place (where?)
Location Control of the Control	Maens of Injury Injured at work?
18. Funeral director.	2/1
Address (Imapolity)	23. SIGNATURE 6 han hard
19 Quart 23, 46/7/- Commen	M. D. or other
(Date rec d by registrar) Registrar	Address Cas yat, M. Dale signed 3/2.3/9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING 9.45.15M

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AUG 24 1946
BUREAU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R3)

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH: Or	un	lel .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or fown. Rac	tside city or town li	mits, write R	The De Lensheem (URAL and give nearest town)	State Life was County a. C. City or town to sk Usion	••••••••••
How long in above place of Hospital, institution, or	of death?	uron	Dary.	(If outside city or town limits, write RURAL and	give nearest town)
nospital, institution, or	street auuress where	ueath occurred	V	Street No.	••••••
How long In hospital or	Institution?	***************************************		(If rural, give LOCATION)	
3. (a) FULL NAME				2.(a) If veteran, name war.	
Hor	vard	Ita	ne	3. (b) Social Se	curity Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATIO	N
120-	Black	te	ngle	20, DATE OF DEATH august 7 19	46 2 7
6.(b) Name of husband e	r-wife			21. I CERTIFY that death occurred on the date above stated; that I attend	led deceased from
>		6.(c)) If alive, give ageyears	19, to	19
7. Birth date of deceased (mo., day, yr.	2	192	9	and that I last saw halive on	19
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Srawning	DURATION Sudden
//	1 - 1	-	hrs,mln.		
9. Birthplace	Pupe	county, and at	cate)	Booto Familioste a laspor	alions
	·····	••••••	***************************************	Doe to. Cay was kelly thele.	
11. Industry or business 12. Name	lliam.	Thou	iss Kane	Other conditions	
			1 0 0	(Include pregnancy within 3 months of death)	
14. Maiden name	Sessie		Willes	Major findings of operations	••••••
	or veg	2 cm		Date of op	
1B. Informanf	lokes	Puk-	een Shefieles	Antopsy results	harged statistically.
17. Burial, eremation, of	or removal. Which?)	Date thereo	(modin) (day) (year)		8/7/4/
Cemetery or crematory	114-64	even	y eine.	Where did injury occur?	(State)
Location	Broot	Clerk	i mo	Injured at home, tarm, industry, public place (where?)	*********************************
18. Funeral director	Plion	0.	Wilson	Means of Injury Injured at wor	
Address 100	o Bu	ante	in and	23. SIGNATURE Sustane A Fare	in S.
19 / Date rec'd by regis	19 19 strar)	. Jako	Noobut S. Begistrar	acquiry middel Examen.	M. D. or other

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AUG 21 1946
BUREAU V 8.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (188)

07699

	Dist		2	ŧ
-	Di-4	Na	of I	r

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mary Land County Anne Arundel
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town. Ruy Al - Ry a tw na Y ill courside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Anna polis Emergency Has wital	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
	Thein
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MWM	20. DATE OF DEATH AUG 5 19. 46 , at 12:45 Au
6.(b) Name of husband or wife Rachel R. Klein	21. I CERTIFY that death occurred on the date above stated; that textended deceased from
7. Birth date of	
deceased (mo., day, yr.) Dec. 4, 1892	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death Cardiores piratery failure
53 8 0hrsmln.	
9. Birthplace Anneville Aslanon, Pa. (Town, county, and state)	Bue to Crushing injury of chest
10. Usual occupation	
11. Industry or business	Due to
12. Name Luther Ross Klein	Cther conditions
13. Birthplace Harris Lebanon, Pa.	(Include pregnancy within 8 months of death)
# 14. Malden name Coxa Maulflair	
14. Malden name Coxe Maulfleir 15. Birthplace Anneville, Pa.	Major findings of operations.
16. Informant Rechel R. Klein	Antonay results.
	PHYSICIAN: Flease nuderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Date thereof. Aug. 7th 1946. (molith) (day) (year)	Accident, suicide, or homicide
cemetery or crematory Rose Hill Cemetery	Where did injury occur? Cyown by Like A.A. Md. (City or town) (County) (State)
Location Al Toons, Pennsylvania	Injured at home, farm, lodustry, public place (where?)
18. Funeral director John M. Taylor & Son	Means of injury Cros hed by bull injured at work? Yes
Address Annipolis - met.	23. SIGNATURE Edward P. Ritelings, m.D.
10 aug. 6, 1046 March	M. D. oujother

BUREAU V.B.

HIRLE CAR WELL TO SEE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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/	100.0100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewdorn infants give residence of mother).
County (1.10)	State AND County Unine Univeled
City or town	City or town. (If outside city or town limits, write BURAL and give nearest town)
How long in above place of death?	7-0 ///////
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mutha. 6	Enlicher 3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale While Michael	20. DATE OF DEATH / 1149 15 1946 21/2204 M
8.(6) Name of husband or wife and were fight of the	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
	and 1946 to any 1946
7. Birth date of deceased (mo., day, yr.) May 13, 1866	and that I last saw h
8. AGE: Years Months Days If less than one day	Cardine hilling
hrsmin.	
9. Birihplace (Town, grounty and state)	Due to Hyperlusine C-V
10. Usual occupation at hand	and the second s
11. Industry or business	Due to
12. Name Robert Power	Other conditions
\$ 13. Birthplace Juce Juce	(Include pregnancy within 3 months of death)
14. Malden name Balto Mal	Major findings of operations.
2 15. Birthplace Ballo MA	Date of op.
16. Informant This Earl Jacobia Lain	Autopsy results
Address 7-3.74 Clark Brownby PV	22. VIOLENCE: If death was due to external causes, fill in the following:
But thereof (dist) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & La Cai & A. C.	Where did injury occur? (City or town) (County) (State)
Location A. C. B.	Injured at home, farm, industry, public place (where?)
18. Funeral director. a Command & Nams	Meane of Injury injured at work?
Address 14 W A Ch arles 116	23 SIGNATURE James n. Caris
10 august 15 10 46 Idan Whitson	23. SIGNATURE M. D. or other
19. Utana 13. 19. 4.6. Oda W. Wtulsm. (Date rec' (by registrar) Registrar	Address 302 Palyser Are Date signed 16 aug . 46.

H) MARGIN RESERVED FOR BINDING

information carefully. The correct age of death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

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PLAINLY, V is especially i

PLEASE

VS ATE

Transition of the 3 201666 8 - 1 Thesetha & Tenerelan January John & Hy decord Lived 15 He 13 mm RECEIVED AUG 17 1946 BUREAUVA

Supply every item of information carefull . The correct age ease write the causes of death clearly and legiply.

WITH UNFADING INK.

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

07701

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Anne Arundel County	Mary I and
City or town	Paltimone
How long in show place of death? 2 yrs, 7 mos, 18 days	City or town
Hospital, Institution, or street address where death occurred:	Street No. 546 Wilson Street
Crownsville State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2 yrs, 7 mos, 18 days	2.(a) If veteran, name war
3. (a) FULL NAME KNIGHT - CORA	3. (b) Social Security Number unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Baack Married	20. DATE OF DEATH August 21 19 46 , 10:30 F
6.(b) Name of husband or wifeGillian Knight, 1213 E.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Biddle St., Baltimore 6.(c) It alive, give age unk. years	January 3 19 44 to Aug. 21 19 46 s and that I last saw her allve on August 21 19 46
7. Birth date of deceased (mo., day, yr.) 1900	
8. AGE: Years Months Days It less than one day	Immedia: cause of death
46 unknown hrs. min.	Hemiplegia
s. Birthplace Maryland	
(Town, county, and state)	Due to
10. Usual occupation. Housework	The special control of
tt. Industry or business	Due to
≝ 12. Name John Bundy	Other conditions Hypertensive Heart Disease - Known t
t3. Birthplace Richmond, Virginia	Chronic Alcoholism
	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
	Bate of op.
t6. Informant Hospital Records	Autopsy results PHYSICIAN: Please uoderline the caose to which death shoold he charged statistically.
Address Crownsville, Maryland	
Burial 119.7271	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Daje thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
4/2-11/11/10m	Means of Injury Lojured at work?
18. Funeral director.	La Maria La o
Address 1000 Bhaully and	23. SIGNATURE 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. 8/23 . dl. 10. W. Boders	M. D. or other
(Date rec'd by registrar) Registrar	Address Crownsville, Maryland Bate signed 8/21/46

VS A15

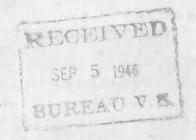
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

U6689 Reg. Dist. No. 20

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ANNE - ARUNDEL	9/14 011110
City or town Ed, cuta Ter. Beach. Eda cuta Ter. Runa AMMARINS. (If outside city or town limits write RURAL and give nearest town)	12 and as a hely sa
How long in above place of death? La. G. C. C. S.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Edgemater Beach, Edgemater.	(If rurai, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME LOULA BROCKEN BROUGH KNOX	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE White Widowed	20. DATE OF DEATH. Oneg 26 4 1946 21 44 15
6.(6) Name of husband or wife DOUGLAS HAMILTON KNOX	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of Husband of Wile Section 1979	Dec 1944, 10 lily 16 10 66
7. Birth date of	and that I last saw h equalive on luce 257 19 X6
deceased (mo., day, yr.) UKIS XT, 1800	Immediate cause of death
8. AGE: Years Months Days If less than one day	Myserole to Myserdal Sent
86 28	may friend /
Richmond Country Vinceinia	
9. Birthplace RICH mond County and states	Due to.
10. Usual occupation. NONE	
11. Industry or business NONE	Due to
	Partie Selection Get
12. Hame WILLIAM AUSTIN BROCKEN BROUGH	Other conditions.
\$ 13. BirthplaceFolky Farms Richmond Go., Va.	(Include pregnancy within 3 months of death)
14. Maiden name LUCY BEADLES 15. Birthplace Orange C.H. Va.	
15. Birthplace Orange C.H. Va.	Major fiediogs ol operatious.
	Date of op.
16. Informant Col. Louis E. Marie, USMC	Autopsy results
Address Edgemater Beach Edgemater, Md.	
17 Renoval Date thereof Quy 25 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burul, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
To be safely and The	Injured at home, farm, Industry, public place (where?)
	Msens of tnjury tnjured at work?
18. Funeral director Wheeler o Thompson	misons of injury
Address Frederic Asburo Da.	4 . 3
too I'm BA	23. SIGNATURE. M. D. or other
10 Chaust 2 19 46 Mand Colle	Bota strand 8: 27. 4



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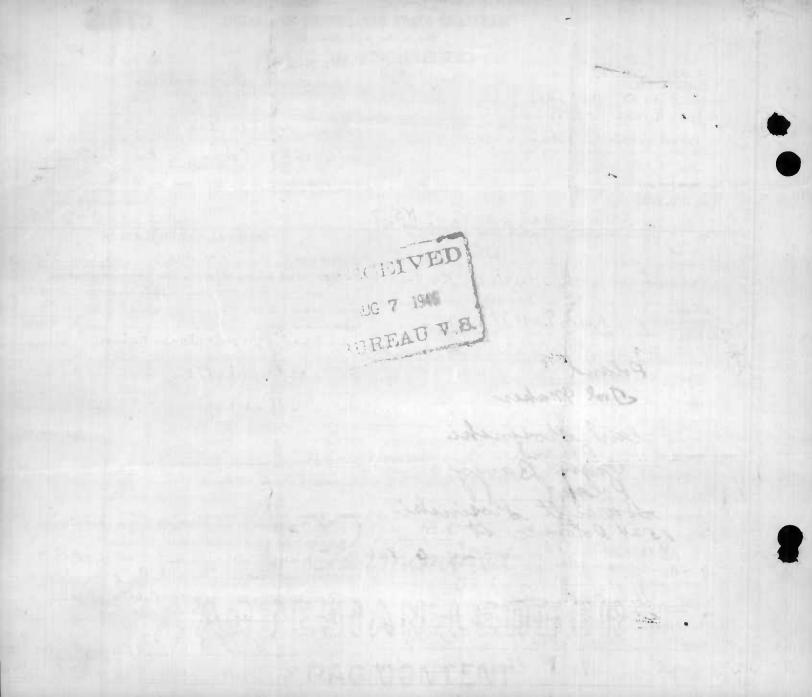
2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

		CATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Anne Arundel City or town. Ruyal — May write RURAL and give nearest town) How long in above place of death? — A A Y Hospital, institution, or street address where death occurred:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME	ohn Kosi Ks	ki	3. (b) Social Security Number 32 /-09-870
4. Sex 5. Color or race 6.	a)Single, married, widowed, or divorced		CERTIFICATION A A A A A A A A A A A A A A A A A A A
6,(b) Name of husband or wite	Hurriet Kosimi	21. I CERTIFY that death occurred on the dat	e above stated; that i attended deceased from
T. Birth date of deceased (mo., day, yr.) Aug. 29.	IOOO	and that Last saw h alive on	19
9. Birthplace Poland 1D. Usual occupation Took Town count	y, and state)	Due to Drawhin	tion
11. Industry or business 12. Name	sinski	Dither conditions	
14. Maiden name Many Barry Barry		Major findings of operations	
16. Informant Sarritt	grosiniki	1 //-	to which death should be charged statistically.
17(Burlal, cremation, or removal, Which?) Cemetery or crematory	ate thereof. (month) (day) (year	Accident, suicide, or homicide	Mey O (County) (State) (c) (where?) Public Beach
Address Salve 19. Aug. 5 19.46	Elward Collens		of P. Ritchenge M. Dorothy M. St. Date signed 4. A. V.G. A.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore /70-

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Reg. Dist. No...

/.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Anne Arundel			
City or town Fort George G. Meade Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
How long in above place of death? 1 Day	City or townBaltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Army Area	Street No. 1229 Mc Cullough Street		
Regional Station Hosp-y Fort Goo. G. Meade Mc	(If rural, give LOCATION)		
How long In hospital or Institution? 1 Day	2.(a) If veteran, name war. World War II		
3. (a) FULL NAME	3. (b) Social Security Number		
BERNEL M. LAWSON			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MAIE NEGRO SINGLE	20. DATE OF DEATH 31 August, 19.46 at 08.50A M		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife	3/ au 19 46, 10 3/ aug 19 Y 6		
7. Birth date of	end that I last say h 1m alive on 3/ Cy 2 1946		
deceased (mo., day, yr.) 1 February, 1924	Immediate cause of death Shock secondary to OURATION		
8. AGE: Years Months Days If less than one day	80% burn		
22 7hrsmin.			
9. Birthplace Summerton South Carolina (Town, county, and state)	Due to 80% Burn incurred in automobile		
	accident		
10. Usual occupation Steel Worker	Due to		
11. Industry or business Sparrows Point, Maryland			
12. Name Bernel Lawson & C.	Other conditions		
13. Birthplace Summer Town & C.	(Include pregnancy within 8 months of death)		
14. Maiden name Louise Martin 15. Stribplace Summerton, South Carolina 16. Informant Louise Martin (Mother)	Major findings of operations None		
Summert on South Caroline			
Towler Mendie (Medien)	Autopsy results. None performed.		
16. Informant Louise Martin (Mother)	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 1229 McCullough Street, Baltimore, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Removal (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. Accident Date of 30 Aug. 1946		
Gemetery or crematory Summerton South Carolina	Where did injury occur? Near Baltimore Maryland (City or town) (County) (State)		
(Summerton) / 10.7	(City or town) (County) (State)		
Location Location	Means of injury Au tomobile accidentinjured at work?		
18. Funeral director While Sunday While Sunday	means of injury Act Control Library and Act Act Control injured at works NO		
Address 322 h. Schlofdey &	23. SIGNATURE / Jourane Heater 12 cm a.c.		
Baltimore, Waryland	23. SIGNATURE. M. D. or other		
(Date rec'd by registrar) BERNARD F. KERWIN Capt. Registrar	Address 1. 9 heart had Date signed with 1986.		

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SEP 11 1946
BUREAU V B.

2411 N. Charles St., Baltimore

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MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Anne Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)	Baltimore Baltimore		
low long in above place of death? 1 yr, 10 mos, 18 days	(If outside city or town limits, write RURAL and give nearest town)		
ospital, Institution, or street address where death occurred:	Street No. 1615 Riggs Avenue		
Crownsville State Hospital	(If rural, give LOCATION)		
ow long in hospital or institution? 1 yr, 10 mos, 18 days			
LYLES - WILLIE	3. (b) Social Security Number unknown		
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male black married	20. DATE OF DEATH August 19 19 46 21		
Baltimore, Maryland 6.(c) It alive, give age unk. ye	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1 18 44 to August 19 19 46		
7. Birth date of deceased (mo., day, yr.) December 13, 1901	and that I last saw h		
B. AGE: Years Months Days If less than one day 44 8 6hrs.	and that I last saw h im alive on August 19 Immediate cause of death Lung Tuberculosis Known to Us since		
9. Birthplace	Due to		
1D. Usual occupation	Due to		
11. Industry or business unknown			
12. Name	Diher conditions Post-traumatic Psychosis Known to us since		
33. Birthplace South Carolina	(Include pregnancy within 3 months of death)		
E 14. Maiden name Bergan Hugs	Major findings of operations.		
14. Maiden name unknown 15. Birthplace	Major nadage of operations		
16. Informant Hospital Records	Autopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Crownsville, Maryland	22. VIOLENCE: It death was due to external causes, till in the following:		
17. Buried (Burial cremation, or removal. Which?) (Burial cremation, or removal. Which?)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory	Whers did injury occur?		
Location Greensboro, North Carolina	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Mrs. Katie R. Williams	Means of Injury Jajured at work		
Address 322 N. Schroeder St., Balto., Md.	With Hand was		
0-15.0	23. SIGNATURE M. D. or other		
19. 8 2 (Date redd by registrar) 18 4 b aw ledruell Regist	rar AddressCrownsville, Maryland Date signed 8/19/46		

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

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1. PLACE OF DE	Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	ar Severi	na Par mits, write Ri	R URAL and give nearest town)	State Md. county Anne Arundel City or town near Severna Park (If outside city or town limits, write RURAL and give nearest town) Street No.			
How long in hospital o	or institution? 40	year	3	(If rural, give LOCATION) 2.(a) If veteran, name war	**************************		
3. (a) FULL NAM	IE.		RY MANTLEY	3. (b) Social Security	/ Number		
4.Sex male	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. August 4 19.46			
6.(b) Name of husband) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19. 44. to 8-4-46. 19.			
deceased (mo., day. 8. AGE: Year 66	8 Months	Days 24	If less than one day	Immediate cause of death	duration 6 mos.		
	farmer		V.a.	Due to. Arteriosclerosis Due to.			
13. Birthplace	John Mant Matthews unkno	Co.	Va.	Other conditions Arteriosclerotic heart (Include pregnancy within 8 months of death)			
15. 6irthplace	ary B. As	heraf	t	Major findings of operations			
17. Buria (Burial, cremation Cemetery or cremat Location	Annapolis Jos. A. 661 W. Be	Date there Hill (22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State) Au - D , or other		

RECEIVED
AUG 8 1946
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (94) CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The cof death clearly and legibly (If outside city or town limits, write RURAL and give nearest town) trour (If outside city or town limit, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hespitalier institution? 2.(a) if veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING of widower 20. DATE OF DEATH 6.(b) Name of husband or wife6.(c) If alive, give age 7. Birth date of Supply deceased (mo., day, yr.) DURATION Immediate cause of death 8. AGE: 9. Birtholace. Dec to.

10. Usual occupation 11. Industry or business " 12. Name...... 13. Birthplace 14. Malden name & 2 15. Birthplace Date thereof - Clu (month) (day) (year)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did Injury occur?

Major findings of operations.....

Injured at home, farm, industry, public place (where?) Means of Injury 23. SIGNATURE

(County)

(State)

(Include pregnancy within 8 months of death)

(City or town)

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RECEAVED

AUG 14 1946

BUREAU V S.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn Infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maxy Land CountyAnne Ayundel
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street address where death scources.	Street No(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war. World War II
	3. (b) Social Security Number
3. (a) FULL NAME	Lost
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M C Widayed	20. DATE DF DEATH AV.9 4 19.44 L., al 18.00 P. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i ellended deceased from
S (e) If allys give age.	11
7. Birth date of deceased (mo., day, yr.) Wakknown May 2 1917	and that I last saw b
8. AGE: Years Months Days If less than one day	Immediate cause of death
29 2 2hrsmin.	Gunshot wound shest,
	anterior, Thinterspace,
9. Birthplace	Oue to finch laft of midding
10. Usual occupation Farm Laborer	Due to
11. Industry or business	
12. Name tamul flu to la 13. Birthplace / Jahlan 110	Cther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Stollie Me Strae 15. Birthplace Sanfay, Va.	Msjor findings of operations.
John Mc Blee Mc Chee	
16. Informant	Antopsy results
A. 8 1046	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which (Burial, cremation, or removal. Which) (Burial, cremation, or removal. Which)	Accident, suicide, or homicide
Cemetery or crematory White Jah lann	Where dld Injury occur?
Location / Salsfax les Pazz	Injured at home, farm, Industry, public place (where?)
18. Funeral director 3. a. Standerty Am	Means of Injury Shot gun Injured at work? No
Address Infusville Ind.	1.0.1.0
D. C. Ballerian	23. SIGNATURE Colored & Releting M. D. Stocker
19. (Date fee'd by registrar) Registrar	Address 199 GLoucester St. Date signed Que 5. 1949
	Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 10 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

				es St., Baltimore	4, 0770	0 0
1. PLACE OF, DEA	тн;		CERTIFICA	TE OF DEATH 2. USUAL RESIDENCE (HOME	Reg. Dist. No.	× 8
County Crownsville, Maryland				(For newborn infants give residence Maryland State Trappe	County	
How long in above place of Hospital, Institution, or Crowns	street address where dea ville Stat	e Hos	pital	City or town Trappe (If outside city or town limits, write RURAL and give nearest town) R.F.D. Street No. (If rural, give LOCATION)		
How long in hospital or	Institution?8	days		2.(a) If veteran, name war		
3. (a) FULL NAME	McLAUGHL	IN -	CHARLES		3. (b) Social Securi unkno	
4. Sex male	5. Color or race black		married, widowed, or divorced ngle		CERTIFICATION	6 10:30 A
Marian San Land	r wife			21. I CERTIFY that death occurred on the dat July 29	e above stated; that I attended d	eceased from 5
7. Birth date of deceased (mo., day, yr) 190) If allve, give ageyears	and that I last saw h alive on	August 5	
8. AGE: Years 42	Months unknow	Days	It less than one dayhrsmin.	General Paresis		
	unknown (Town, co Laborer			Due to		
11. Industry or business 12. Name	unknown			Dther conditions.		
13. Birthplace 14. Maiden name 15. Birthplace				(Include pregnancy with		
	unknown spital Reco	ords		Autopsy results		
Address Crownsville, Maryland 17. (Burial, cremation, or removal, Which) Date thereof (month) (day) (year)				PHYSICIAN: Ptease underline the cause 22. VIOLENCE: If death was due to externo Accident, suicide, or homicide	al causes, till in the following;	ed statistically.
				Where did Injury occur?(City or to Injured at home, farm, Industry, public place		(State)
18. Funeral director	proserte	v W	id p	23. STGNATURE AFETY	Mide	pds
19. Que 9	19/1/6	27,	toye roll Registrar			D. or other ed. 8/5/46

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH Reg. Dist. No. ... 2

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

7			
1. PLACE OF BIRTH:		2.	USUAL RESIDENCE OF MOTHER: 17710
County Anna Aruno	lel Co.		State Maryland
City or town Annapoli	8		County Anna Arundel Co.
(If outside city or town limits, write I	RURAL and give nearest town)		City or town Lusby Cross near Annapolis
Street address, hospital, or institution Emergency Hospit	tution:		(If outside city or town limits, write RURAL and give nearest town)
			Street No. R. F. D. 1 Box 161
Length of mother's stay in Count	or days. SPECIFY WHICH)		(If RURAL give LOCATION)
o. rante of cities	Ann Mc Millian	4.	Date of birth August 26, 19 46 Hour M.
5. Sex. 6.	Twin or triplet	7.	No. of weeks pregnancy 7 Months
FATHER OF CH			MOTHER OF CHILD
8. Full name Caldwell Mo	A.4.4	12.	Full maiden name Sylvia Ross
9. Color Colored 0. Age at time	of this birthyrs.	13.	Color Color d14. Age at time of this birth 26 yrs.
11. Usual occupation Farmer		15.	Usual occupation House Wife
16. Other children born to mother (n	ot including present child)	: (a)	How many children of this mother are now living? None
(b) How many other children wer	e born alive but are now dea	ad ?	None (c) How many other children were born dead? None
17. Did child die before labor? No	During labor? No	21.	Cause of stillbirth. Please be specific. For terms like
18. Pregnancy, complications of			prematurity, asphyxia, etc., try to add cause thereof.
•••••			(a) Fetal causes
19. Labor: (a) Complications of			(b) Maternal causes Maternal Remembers
00 () W		99	following long auto trip
20. (a) Was there an operation for d	elivery ?(Yes or No)	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.
(b) State all operations, if any			Story C Basil
(c) Did child die before operatio			Signature (Specify if M. D., midwife, or otyler)
During operation?			Address aufortage My
22 (a) Burial (b) Date	thorace 8-27- 1946	1 25	
(c) Cemetery or crematory F. W. Ethel 24. (a) Funeral director.	(month) (day) (year)	20.	(a) Oug. 27, 1946(b) (Registrar) (Registrar)
(c) Cemetery or crematory Com-	L. Hicks	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
(b) Address 43-45 Nort	hwest Street		
* See Instruction C on stub.		F1	Treatti Onicer, per



les St., Baltimore (183)		07711	
TE OF DEATH		Reg. Dist. No	2/
State	County	altma	79- arest town)
rahan	3.	(b) Social Security	Number
MEDICA	LEERT	IFICATION	
20. DATE OF DEATH.	Hug	12 19 46	12 p
21. I CERTIFY that death occurred on the	LA 19 CAX	aurigetu	
Immediate cause of death		(.)	DURATION
X rou	nin	5	***************************************
Due 10	(<u></u>	000000000000000000000000000000000000000
***************************************			***************************************
Duo to	•••••		100000000000000000000000000000000000000
		o	• •••••••••
Other conditions	••••		***************************************
(include pregnancy w	ithin 8 months	of death)	4
Major findings of operations			***************************************
0.0001010000000000000000000000000000000	140-4-000-400-000-000	Date of op	0~70~~~
Autopsy results	e to which de	ath should be charged	statistically.
22. V10LENCE: It death was due to extend Accident, suicide, or homicide. Where did injury occur? Palagon (Otty or injured at home, tarm, industry, public p	coley town)	Date of S.	1/2/46 Me. (State) En Proc
Means of Injury Orowan	nes	Injured at work?	no

muserca markinguige comest. Dun 150

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diet No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: on carefully. The co clearly and legibly. County City or town Now long in above place of death?.... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street eddress where death occurred: Street Ho (If rural vive LOCATION information c Now long to hospital or institution?.... 2.(a) If veteran, name war Thomas B. Monahan 3. (a) FULL NAME 3. (b) Social Security Number 136-03-8523 5. Color or race MEDICAL CERTIFICATION malo MARGIN RESERVED FOR BINDING 21. I CERTIFD that death occurred on the date above stated wood and lian 6.(c) If alive, give age 02 9 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death. 8. AGE: 9. Birthplace. 10. Usual accumation. 11. Industry or business 12. Name // 12 Name Michael important. (Include pregnancy within 8 months of death) 14. Maiden na 08 15. Birthplace 14. Maiden name. Major findings of operations..... PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due-to external gauses, fill in the following: Accident, suicide, or homicide. (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? Orchard Injured at home, farm, Industry, public place (where?) ... Means of injury 10 Townson Injured at work? 25. SIGNATURE Date signed...

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-2)

CERTIFICATE OF DEATH

	(1)	ウウ	1	9	
X	Pag	77	No	02	/

Md.

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) 0	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or lows			City or town	FA .		
Hospital, Institution, or atreet address where death occurred: U. S. NAVAL HOSPITAL, ANNAPOLIS, MD. How long in hospital or institution? 15 days			NAPOLIS, MD.	Streat No. 12 Randall Str	eet LOCATION)	••••••••
			X	2.(a) If veteran, name war		
3. (a) FULL N	James	MILTON	MONROE		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
M	W		Child	20. DATE OF DEATH AUGUST 8.	19. 46	, at 6,30P M
			A.AB.	July 24 10	re stated; that I attended dec 46, to August	eased from 8 19.46
7. Birth date of		- 40	e) If alive, give agey	and that I last saw h. i.m. alive onAu.		
deceased (mo.,	lay, yr.) 5 AU Years Montha	gust 19	1 If less than one day	Immediate cause of death		
o. AGE:	1 0	3	hrs.	Broncho Pneumonia	****************************	2_days
9. BirthplaceA	marillo, Po	tter, Ton, connty, and c	exas	Oue to Congenital Heart	Disease	l year
10. Usual occupation of building the second of the second		********************	••••••••••••••••••••••••••••••••	Due to	0.000000000000000000000000000000000000	****
12. Name	(1)	gan Mon	roe			
			oore	(Include pregnancy within 3 m		
					Date of op	************
16. Informant	B. Ge		Sp. W. any	Antopsy results		
13	tion, or removal. Which		of goodh) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, euicide, or homicide		
Cemetery or cre	1 / V	mas	al Cenetary	Where did injury occur?(City or town)		
Location Amphalia Ind.				Injured at home, farm, industry, public place (wh		1940 7 779 8 744 7 5 70 70 70 4 777 000 772 000 8
18. Funeral direct	or BIS	1	n Hon	Meana of Injury	Injured at work?	
Address	2 G U	1	W Draw	23. SIGNATURE DAVID	V. 6000	or other
19. (Date rec'd b	yregistrar)		Regist	rar Address U.S. Naval Hosp Any	napolis Date stgmed	8/9/46

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CERTIF	CATE	OF	DE	ATH

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town Selection of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 4 0 - Old annabulis Blod. How long in hospital or institution?	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (If outside city or town limits, write KURAI, and give newrest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Vins. Elizabeth Weidert	3.(b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 7. Transced	MEDICAL CERTIFICATION 20. DATE OF DEATH August 2 1946, et 9.5
6.(b) Name of husband or wife Charles a. Deidect 7. Birth date of deceased (mo., day, yr.) 20 - 1886	and that I last saw h land alive on State 19
8. AGE: Years Months Days If less than one day 5 9 10 7	Empediate cause of death Westers of 4 over 1
9. Birthplace Saltimane, Mid (Town, county, and atate) 10. Usual occupation Hausewill 11. Industry or, business	Oue to.
12. Name to the Frederick KUEHNLE 13. Birthplace Sesmany 14. Birthplace Sesmany	Other conditions
14. Melden name russeline Heller 15. Birthplace Sermany. 16. Informant Russeles G. Melderh	Major findings of operations
Address Colon Ind. 17. Burial (Burial, cremation, or remova) Which?) Date thereof (modth) (day) (year)	22. VIOLENCE: It death was due to external causes; till in the following: Accident, suicide, or homicide
Lecation Annuapolis Blod 18. Funeral director Folia Falerny Suc	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?
Address 7 14 Fight St. 19. 8/11 (Dato Rec'd by registrar) Registrar Registrar	23. SIGNATORIE ALLE ALLE M. D. or other Address Slew Burnel Und, Bate signed 27

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2411 N. Charles St., Baltimore 146

3. (b) Social Security Number

215-12- 1064

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	AA.	
1	193	1
4	-	

information carefully. The of death clearly and legible

every item of ite the causes

CERTIFICATE OF DEATH

_	Reg. Dist. No.
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland county Anne Arundel
	City or town Parole Md. (If outside city or town limits, write RURAL and give nearest town)
	Streel Ho. Parole Md. (If rural, give LOCATION)
	2.(a) If veteran, name war

MEDICAD

3. (a) FULL NAME

1. PLACE OF DEATH:

How long in above place of death?....

How long in hospital or inetitution?..

Viola Leuvenia Parker

(If outside city or town limits, write RURAL and give nearest town)

None

6.(a) Single, married, widowed, or divorced Married Col. Female 6.(b) Name of hueband or wife William Parker May 27. deceased (mo., day, yr.) If less than one day 8. AGE:

Anne Arundel

Parole Md.

Hospital, Institution, or street address where death occurred: Parole Md.

9. Birthplace Parole A. A. Co Md. Housewife 10. Usual occupation...

None 11. Industry or business 12. Name James Wesley Johnson 13. Birthplace Parole Md. A. A. Co.

14. Maiden name Florence Queen Parole Md. A. A. Co. 15. Dirthplace

James W. Johns 16. Informant ... Parole Md.

Date thereof August 16/46 (month) (day) (year) Burial (Burial, cremation, or removal, Which?)

Best Gate Md. A. A. Co.

Cemetery or crematory Fowlers Chapel Cemetery

18. Funeral director Mrs Charles E. Hicks

45 Northwest St. Annapolia Md.

Where did injury occur? .. Injured at home, farm, Industry, public place, (where?)

Accident, suicide, or homicide.

22. VIOLENCE: If death was due the rigrnal causes, fill in the following

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the sange to which death should be charged statistically.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9340

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CERTIFICATE OF DEATH

og. Diat. No. 26

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infects give residence of mother)
City or town	State Charles County County
How long in above place of death? 25 years	City or town
Hospital, Institution, or street address where death (6ccurred:	Street No.
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) It yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William F. Park	nou
4. Say 5. Color or race 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mule mare franchis	20. DATE OF DEATH (1946, at 7 P. M
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
T. Birth date of decreased (mo day vr.) April 30 1865	and that I last saw h. sell attve on Sela 13
accesses (mort and) but	Immediaj chause of death
8. AGE: Years Months Days It less than one day 1. State of the state	May all the bear the soul
Deale OCC Co land.	(Interior of the
(Town, county, and state)	
10. Usual occupation Waterman	Due to
11. Industry or business Oysters + Fish	
12. Name WM. Couley Park 13. Birthplace Md,	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Pences/Whittingtou 15. Birthpiace Md	Major findings of operations.
/.	Date ot op
18. Informant Alice R. Parks	Autopsy results
Address Shadyspace Md.	22. VIOLENCE: It death was due to external causes, till in the following;
17 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(1) who we distinct	Where did injury occur?
Cemetery or crematory.	Injured at home, tarm, industry, public place (where?)
Location De Location Location Land	Means of Injury Injured at work?
18. Funeral director.	10-1-1
Address Saluville Vyhit	23. SIGNATURE M. D. or other
19 Cua 16 1946 J. Bent.	M. D. or other M. D. or other Date signed S
(Date rec'd by registrar) Registrar	TI ADDIEST All SIGNED SIGNED SIGNED STATE SIGNED SI

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BUREAU V S.

AUG 30 1946 BUREAU V E.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-6

CERTIFICATE OF DEATH

*

Reg. Dist. No. 21

H				
information carefully. The cor of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State County (If outside eity or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.		
10				
forma	3. (a) FULL NAME Sterling Porter	3. (b) Social Security Number		
causes of	4. Sax 5. Color or race 8.(a) Single, married, widowed, or divorced Sen gle	MEDICAL CERTIFICATION 20. BATE OF BEATH AUG. 11 124 0 21 124 0 21 124 0 2 11		
every item of ite the causes	B, (b) Name of husband or wife	19 2 6 19 20 19 20		
y eve	7. Birth date of deceased (mo., day, yr.) 8. A.C.F. Years Months Days It less than one day	and that I last saw har allve on		
G INK. Supply cians: please wri	8. AGE: Years Months Days It less than one day S	Due to. Pul duberculous.		
FADIN	11. Industry or business 12. Name	Dther conditions.		
WITH	14. Maiden name. Magyce Watts 15. Birthplace A. A. Co. mg.	(Include pregnancy within 8 months of death) Major findings of operations		
PLAINLY, is especially	Address Dehold md.	Autopsy results. PHYSICIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
P. 2	17. Bate thereof Asserting (glorth) (day) (year) Cemetery or crematory (Dear and Less Company)	Accident, suicide, or homicide		
WRITE	Location All Control of the Control	Injured at home, farm, industry, public place (where?)		
PLEASE	Address Aller polis and	23. SIGNATURE at the alege on 0		
PL	(Date rec'gloy registrar) (Date rec'gloy registrar) (Date rec'gloy registrar)	Address 17 Course St. Date signed 5 - 46		

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BUREAU V. S.

NAME AND ADDRESS OF THE PARTY O

HE IS AN ENGINEER AND A STORE OF STREET

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2411 N. Charles St., Baltimore Bi-

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CERTIFICAT	TE OF DEATH Rog, Diat, No. 28
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and giva nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jahann Ried	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced suite single	MEDICAL CERTIFICATION 20. DATE OF DEATH Aug. 12 19 46 21 9 Am
B.(b) Name of husband or wife	21. I CERTIFY that teath occurred on the date above stated; that I attemed deceased from Hilly 10 18. Hill and that I last saw h. 1774. allye on
9. Birthplace Consideration (Town, county, and state) 10. Usual occupation. Returned Leptile worker 11. Industry or business	Due to. Due to. Due to. Due to.
12. Name Jasepole Rie del 13. Birthplace Grehoslandia	Dther conditions
14. Maiden name There a Steern Steern 15. Birthpiace Cze chaslanckia 16. Informant Bushu Juseph Riedel Address Stambrills, Val.	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Cemetery or crematory. CeDan Yell Cemeter.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Washington D. C. J. 18. Funeral director Saha Su. Hugton Ed Jon Address Quaget 13:046 E.7. Lorse do Ca	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Injured at work?
(Date registrar) Registrar	Address Date signed D. J. 4.6

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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Means of Injury

As. SIGNATURE:

Injured of work?

PLEASE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (836)

CERTIFICATE OF DEATH

V /	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Co	State Mary lend County Change arundo
(If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veleran, name war.
3.(a) FULL NAME RUDO HARRY RUDO	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
mole white widowed	20. DATE DE DEATH. Quant 15 19. 46, 21 9 30 P. M
8,(6) Name of hueband or wife. AMA Marie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of B.(c) If alive, give age years	and that last eaw h. Malive on Calla 19. 19.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
78 9	and the worth
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Talks of	James and Lan Lan
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name?	Major fiadiags of operations.
0. 111	Dale of op.
18, Informant TV 1 11 2 TM 17 12 PP	Autopsy results
Address Gemold ma	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) [Burial, cremation, or removal, Which?] [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide
Cemetery or crematory Ce Das Bliff Considery	Where did injury occur?
Location apresspales made of	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jahn M. Taylar & Sau	Meens of Injury Injured at work?
Address Quinapalis Address P	23. SIGNATURE WOULD STORM TO STORM THE WORLD S
19. Que 9. 17, 19 46 / Owneh	M. D. or other

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PLAINLY, is especially PLEASE WRITE

19. (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-

Reg. Diat. No.

. Date signed

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Am Armdel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Generaliilla State Hospital	State VISA County	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give near	root town)
Hospital, Institution, or street address where death occurred	Street No. 902 Sarah any St.	
Crowns ville >tate thospilal	(If rurah give LOCATION)	
How long in hospital or institution? 2.6. D.D.Y.	2.(a) If veteran, name war	
3. (a) FULL NAME George Rustin	3. (b) Social Security 1	Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	GENERAL FAIR
male black separated	20. DATE OF DEATH A SECTION 3 (19.46	1 810 PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
7. Birth date of	and that I last saw h. Mad. alive on	1946
deceased (mo., day, yr.) 8 A.G.F. Years Months Days if less than one day	Immediate cause of death	DURATION
8. AGE: Years Months Days if less than one day	7	4,0
	Jeweral Esess	Ruown
9. Birthplace Manyland (Town, county, and state)	Due to.	tous
10. Usual occupation	Que to.	nue
11. Industry or business		August 5
12. Name Grant Rustin	Other conditions	1946
	(Include pregnancy within 3 months of death)	
14. Maiden name Eleanon Brown 15. Birthplace Md.	Major findings of operations.	
15. Birthplace Md.	Date of op.	
16. Informant placed to the Hospital Record	Autopsy results	
Address Crononwill Fall Hospital	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Butial 9/1/46	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide	
Cemetery Church	Where did Injury occur?	(State)
Location Cesare Source Tond.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director a: Halstead	Means of injury Injured at work	
Address 918 Druid Bill ave.	INTES STANS	400>
0 - 11 82 11 0 8	23. SIGNATURE	

Registrar

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2411 N. Charles St., Baltimore 83 a

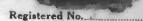
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Anne Arundel County	(For newborn infants give residence of mother)	
	State Maryland County	- 10/10/11
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)	Raltimore	
low long In above place of death? 15 yrs, 4 mos, 16 days	(If outside city or town limits, write RURAL and give	nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1110 McCulloh Street	
Crownsville State Hospital	(If rural, give LOCATION)	./
How long in hospital or institution? 15 yrs, 4 mos, 16 days	2.(a) If veteran, name war	<i>V</i>
3. (a) FULL NAME SALISBURY - MARY	3. (b) Social Secur	ity Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female black widow	20. DATE OF DEATH August 17	6 4:15 P
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended of March 31 19 31, for Aug.	leceased from
T. Birth dato of	and that I fast saw halive on	
decoased (mo., day, yr.) 1896	Immediate cause of death Cerebral Hemorrhage	OURATION
8. AGE: Years Months Days If less than one day	with	Known to
50 unknown hrs.	with Right-Sided Hemiplegia	7712746
9. Birthplace	Ouo to	
10. Usual occupation Domestic	Oue to	
11. Industry or business		
≝ 12. Name unknown	Other conditions Psychosis with Mental	Known to
13. Birthplace unknown	Deficiency	3/31/31
e. 13. Bittiplace	(Include pregnancy within 3 months of death)	
14. Malden name Bettie Salisbury	Major findings of operations	
14. Malden name Bettie Salisbury 15. Birthplace unknown	Oate of op	
16 Interment Hospital Records	Antoney results.	
Concernant 11 a 161	PHYSICIAN: Please underline the cause to which death should be char	ged statistically.
Address Grownsville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which) (Burial, cremation, or removal. Which)		
(Burial, cremation, or removal. Which? month) (day) (year)		
Cemetery or crematory.	Where did Injury occur? (City or town) (County)	(State)
Location Crowntorke min	Injured at home, farm, Industry, public place (where?)	
Subb - Nors Delal	Means of Injury injured at work?	
18. Funeral director Supt Nospital	M. Mail	1- 1
Address	23. SIGNATURE 19212 / AFTINS	51015
and 24 4/2 57 Jours Nova	M.	D. or other
(Date rec'd by registrar) Registr	Address Crownsville, Maryland Date sign	ed 8/17/46

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CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
a) Baltimore City, Maryland	V 6 6 6 2
b) Street address 219 Mcadow Ded	(a) State (b) County
Hospital or institution:	1 (c) City or town TOV Way we
.000 000 000	(If outside city or town limits, write RURAL and give town
Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 1002 Coled Ch S4.
	(e) Citizen of foreign country? (Yes or No
Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
(a) FULL NAME Bale BA	- Schaller
(b) If veteran, name war 3 (c) Scial ecurity According	MEDICAL CERTIFICATION
No. 1	20. DATE OF DEATH 8/27 / 1946 at 1:30
Sex walk 5. Color or race 6 (a) Single, married, widowed divorced.	
tell work alvorced.	ed deceased from 19 to 8/27/ 19 4
(b) Name of husband or wife	and that I last saw h. I.M. alive on P/17/19 4 b
A CONTRACT OF THE PROPERTY OF	Immediate cause of death Duration
Birth date of deceased (mo., day, yr.) Quay. 27,19	46
AGE: Years Months Days If leds than one day	remod ure
n, H	nin. Due to
Birthplace Talfillione	
(Town, county, and state)	Due to
l. Industry or business	Other Conditions Weloveryly
Maria Delina Salapola	al colt depres accor
12. Halle	Neclude pregnancy within 3 months of death)
13. Birthplace Traction Wiva	Onderme
14. Maiden Name auch Mui el Ring	death should the charged stati
15. Birthplace rate, hed	of autopsy:tically.
6 (a) Informant. Mrs. Norri 10, Selace	22. If death was due to external causes, fill in the following:
(b) Address 219 11eadow Ro	(a) Accident, suicide, or homicide
7 (a)(b)Date thereof	(b) Date of occurrence
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in publi
Locationing Harking Michigal School AUG 2719	place?
8 (a) Funeral director	(e) Means of injury.
(b) Address (b) Address (b) Address (b) Address (b) Address (c)	23. Signature 1 1 Wei work en
HUL 4 10 TO Brunty ton Hillings Al	Des De la P
(Date rec'd by registrar) Registrar	Address J L 13 000 An force bate signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

- 43	-	OF	2	2
Reg.	Dist.	No. J.	0-	L

1. PLACE OF DEATH: County. City or town. Cit		3 - 1
City or town (If outside city or town lights, write RURAL and give nearest town) How long in above place of death? How long to hospital or institution? 3. (a) FULL NAME 4. Sax. S. Color or race 4. Sax. S. Color or race 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sax. S. Color or race 7. Birth date of deceased (mo. day, yr.) 8. AGE: fears Months Days If loss than one day 9. Birthplace (Town, county, and state) 10. Usual occupation 10. Usual occupation 11. Usual occupation 12. I carried address where death occurred: (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) State	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town (If outside city or town lights, write RURAL and give nearest town) How long in above place of death? How long to hospital or institution? 3. (a) FULL NAME 4. Sal. 5. Color or race 6. (a) Single, married, wildowed, or divorced City or town Sireet No (If outside city or zown Amits, write RURAL and give nearest town) (If outside city or zown Amits, write RURAL and give nearest town) Sireet No (If rural, give LOCATION) 2. (a) If veteran, name war. 3. (b) Social Security Number 20. DATE OF DEATH 21. I CERTIFY that death occurring on the date above stated; that I attended deceased from the deceased (mon, day, yr.) 4. Sal. 5. AGE: Jears Months Days If less than one day 3. (b) If less than one day 3. (c) If alive, give age 3. (d) If veteran, name war. 20. DATE OF DEATH 21. I CERTIFY that death occurring on the date above stated; that I attended deceased from that I last sawn and that I last	County	and H-74-
How long in above place of death? How long to hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced A. Sex 6. Color or race 7. Color or ra	City or town. (If ontaide city or town limits, write RURAL and give nearest town)	Sharmer S. A. A.
How long to hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 4. Sex 5. Color or race 7. Birth date of deceased (mo., day, yr.) 4. Birth date of deceased (mo., day, yr.) 4. Sex 6.		(if outside city or town mits, write RURAL and give nearest town)
(If rural, give LOCATION) Row long to hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 6. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 6. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 6. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 6. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 6. Color or race 6. (a) Single, married, wildowed, or divorced A. Sex 6. Color or race 6. (a) Single, married, wildowed, or divorced 6. (a) Single, married, wildowed, or divorced 6. (a) Single, married, wildowed, or di	Hospital, Institution, or street address where death occurred:	11 (1800) 2001, 25
3. (a) FULL NAME 3. (b) Social Security Number 4. Sex		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION M. Local Colored 19.46	How long to hospital or institution?	2.(a) If veteran, name war
8.(b) Name of husband or wife 8.(c) If alive, give age 9. Birth date of deceased (mo., day, yr.) 9. Birthplace (Town, county, and state) 10. Usual occupation 20. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; the date above stated; the date above stated; the date above stated	3. (a) FULL NAME	3. (b) Social Security Number
8.(6) Name of husband or wife 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. Birth date of deceased (mo., day, yr.) Held 15. Bays If less than one day 18.46. 8. AGE: Years Months Days If less than one day 18.46. 9. Birthplace (Town, county, and state) Due to.	Marsu Drith S	imms !
8.(6) Name of husband or wife 8.(c) If alive, give age 9. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation Due to.	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION A-M.
8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation Due to.	Lena Colore married	20. DATE OF DEATH # 1946 21/2/45 N
7. Birth date of deceased (mo., day, yr.) Held and the state of deceased (mo., day, yr.) Held and the state of deceased (mo., day, yr.) Held and the state of death and the state of de	6 (h) Name of humband or wife for try Sermins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yt.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation Due to.	61	and 15 146 10 and 26 1946
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation Due to.	7. Birth date of	and that I last saw help alive on aling, 26 and 1946
9. Birthpiace (Town, county, and state) 1D. Usual occupation Due to.	deceased (mo., day, yr.)	Immediate cause of death
S. Birthplace (Town, county, and state) 1D. Usual occupation Due to.	0. AUL.	5 days
1D. Usual occupation Due to.	98 0 12hrsmin.	
1D. Usual occupation Due to.	a Rithniace At It, Co med	Due to
Due to	(Town, county, and state)	
	1D. Usual occupation	Due to
11. Industry or business	11. Industry or business	
12. Name Handle Smith Other conditions Paralysis	E 12 Name Then Ald Some The	Diher conditions Paralysis
13. Birtholace One	13. Birthplace	f 6ma
		(Include pregnancy within 3 months of death)
14. Maiden name Childh C	14. Malden name	Major findings ul operations.
E 15. Rirthplace Date of op.	El 15. Rirthplace	Date of op.
16. Informant TT 222 Autopsy results.	16. Informant	Autopsy results.
Address // Oroleant at a PHYSICIAN: Please underline the cause to which death should be charged statistically.	Address // Prolegut, at	
Date thereof A was 30 1746 22. VIOLENCE: If death was due to external causes, fill in the following:	13/11/1011 Bate thomas At Wil 30 1941	
(Burlai, cremation, or removal, Which?) (mosth) (day) (year)	(Buriai, cremation, or removal, Which?) (moath) (day) (year)	
Cemetery or crematory All County) (State)	Cemetery or crematory	Where did injury occur?
Location Home, farm, Industry, public place (where?)	Location American	Injured al home, farm, Industry, public place (where?)
Means of tinjury tinjured at work?	JB Johnne	Mesons of injury injured at work?
16. Funeral director	16. Funeral director	D-17/N 11 1 10 MIX
Address 23. SIGNATURE 23. SIGNATURE	Address Charper of the	23. SIGNATURE WARRY MESSAGE
18. Cuca. 26 19 46 (Date rec'dby registrar) Registrar Address 7 sathers Date signed	19 Cug. 28 19 46 11 11 11 11 11	M. D. or other

AUG 29 1946
BUREAU V.B.

OURATION Known to

Address Crownsville, Manyland

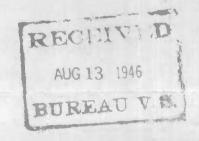
BINDING ADING INK. Supply every item of Physicians: please write the causes FOR RESERVED MARGIN WITH UNF important. especially PLAINLY, is especially

WRITE

PLEASE

CERTIFICAT	TE OF DEATH Reg. Diat. No.	8,
1. PLACE OF DEATH: County County City or lown. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? 4 yrs, 10 mos, 20 days Hospital, institution, or street address where death occurred: Crownsville State Hospital How tong in hospital or institution? 4 yrs, 10 mos, 20 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME SMITH - DAISY	3. (b) Social Security	Number
4. Sex female 5. Color or race black 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH AUGUST 5 19. 46	, at 5:0
6.(b) Name of husband or wife unknown 5.(c) If alive, give age unk years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years	21. I CERTIFY that death occurred on the date above stated; that I attended dece Sept. 15 and that I last saw h. er. alive on August 5 Immediate cause of death. General Paresis	19
9. Birthplace Virginia (Towa, county, and state) 10. Usuat occupation Housework 11. Industry or business 12. Name Charles Elliott 13. Birthplace unknown	Oue to	7/.4.24.
Harriet Gaines 14. Maiden name Harriet Gaines Virginia 16. Informant Hospital Records	(Include pregnancy within 3 months of death) Major findings of operations	statistically
Address Crownsville, Maryland 17. Control Oate thereof (month) (day) (year) Cemelery or crematory. Hoofblal Localion Courserlee 18. Funeral director. Supt	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

Charles St. Ralting

b'7727

M. D. or other Date signed 8710/46

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town
3. (a) FULL NAME Churina Puthu Webster.	2.(a) Legeleran, name war
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced finale of the widow	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw h. Duration Immediate cause of death. Survey of the same
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business	Due 10. Dancoma of neck (on gin unhnown) Z Due 10.
12. Name Dan Army Hathing ton Visler 13. Birthplace 14. Malden name Catherine E. Raythur 15. Birthplace Pale Ca	Other conditions
16. Informant Mr. Charles & Odams Address 9/6 Central Phy. Schenectedy A.	Autopay results
(Burial, cremation, or removal. Which) Cemetery or crematory Comparison of the control of t	Accident, suicide, or homicide
18. Funeral director to him On Market to the Address 1900 Entant Charles	Means of Injury Injured at work? 23. SIGNATURE S. Porrow L. NeD

Registrar Address..

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (783)

CERTIFICATE OF DEATH

07662 Rog. Dist. No. 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	722221111111111111111111111111111111111
(If outside city or town limits, write RURAL and give nearest town)	a delight 25
How long in above place of death? About one day	(If putside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	1 Marite, a - Box 12 50
	(If rural, give LOCATION)
How long in hospilal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. Black Gengle.	20. DATE DF DEATH aug. 7 = 19 46, 21 3 M
0 /b) Ilian of bushed another	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Hame of husband or wife	19
7. Birth date of B.(c) If elive, give age years	and that I last saw h alive on
deceased (mo., day, yr.) aug - 3 - 1935	
8. AGE: Years Months Days If less than one day	Immediate cause of death
Jhrsmin.	
Collinson, Ind.	Freezed will (C. J. Carposless
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Rupil School	The state of the s
	Due to Due to
11. Industry or business	
12. Name It selliam Kensy Tales 13. Birtholace Baltinual Ind.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Bessie Willio. 15. Birthplace Vistinia	
	Major findings of operations.
	Date of op
16. Informant Day . M. Tales (faller)	Autopsy results
Address 9 29 - Shalles Place, Bullings	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bunals Dale thereof Queg 12 - 46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide. Date of Date o
Cemetery or crematory Mf Calvery Cens.	Where did injury occur?
R. G. A.D. Gard	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Elwy . Wason	Means of Injury Injured at work?
Address 1000 Boantly une	Ruslave N. Faulestried.
19/1/4 (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address See Prince M. D. or other
Tregistration of the state of t	Addrass Date signed



AUG 8 1946
BUREAU V S

Registrar

2411 N. Charles St., Baltimore Kilo

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_	Dist	Na	00/

The correct age CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully. The coof death clearly and legibly. How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race ADING INK. Supply every item of Physicians: please write the causes 7. Birth date of deceased (mo., day, yr.) 8. AGE: Months (Town, county, and state) 10. Usual occupation 11. Industry or business important. WITH WRITE PLAINLY, is especially injured at home, farm, industry, public, place (where?) PLEASE Address

(Date rec'd by registrar)

BINDING

FOR

RESERVED

MARGIN

2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
	County
10011 011111111	111111
City or town	orchard Beach hits, write RURAL and give nearest town)
Street No. 6/9/7/7/4/8/1/9	plephall!
(If rurul, g	ive LOCATION)
2.(a) It veteran, name war	
	3. (b) Social Security Number
ompsow.	
MEDICAL.	CERTIFICATION
2D. DATE OF DEATH.	8 1944 at 1 P1 M
21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
	9
and that I fast saw halive on	19
Immediate cause of death	DURATION
sprangula	leon gusten
- Americal	
Bue to	
Other conditions	
(Include pregnancy within	
Major findings of operations	***************************************
***************************************	Bate of op
Autopsy results	
	which death should be charged statistically.
22. VIOLENCE: If death was due to external	causes, fill in the tollowing;
Accident, suicide, or homicide.	de Date of 81814
Where did injury occur?	/ /
where aid injury occur?	(01-44)

23. SIDNATUR

Change of address authorized by undertaker, who is personally acquainted with informant and deceased. House in Balto.City sold 4 years ago. ams d-10-46.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (947)

CERTIFICAT	E OF DEATH Reg. Diat. No. 2
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or institution? 3. (a) FULL NAME	2.(a) It veteran, name war
(Uston) or	igul .
1. Sex 5. Color or race 6.(a) Single, married, widowed, or giverced	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.44.2.4.2.4.
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from any 1946.
7. Birth date of deceased (mo., day, yr.) Break 19 1890	and that I last saw h. Lon alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death.
) 0 3. hrsmin,	Camary 1 humbres 2 day
B. Birthplace (Yown, county, and state)	Due to
10. Usual occupation.	Pue to
11. Industry or business	
12. Hame Jelly med 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name make make make make make make make m	Major fieldings of operations
16. Informant Adjusted Towns	Autupsy results
Address 40 Pleasant st	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
17. Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 131 CALTA HILL	Where did injury occur?
Location Annacion Anti-	Injured at home, farm, Industry, public place (where?)
18. Funeral director. 31/ Attractor.	Means of Injury Injured at work?
Address Comment Late	mystan har
"Quart 19" 46 my Jonneh	23. SIGNATURE M. D. or other M. D. or other
(Dste rec) by registrar	Address J. Smith Gats Carl Date signed 8 1171 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING

BURLAUY B.

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	PLAINLY,
9-45-15M	WRITE PI
VS AIS	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH

07731

1. PLACE OF DEATH: County Anne Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Change I and	state Maryland Couply		
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 1 yr, 5 mos, 20 days	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above prace of death	Street No. 1505 North Dallas Street		
Crownsville State Hospital	Street No. (If rural, give LOCATION)		
How long in hospital or institution? 1 yr, 5 mos, 20 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
TRAYNHAM - WILLIAM	unknown		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male black married			
	20. DATE OF DEATH August 22 19 46 ,2:00 A M		
5.(6) Name of husband or wife Frances Traynham, 406 Maple	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(o) name of nusbane of wife	March 2 18 45 to Aug. 22 18 46		
Lane, Dundalk, Md. 6.(c) If alive, give age unk. years	and that I last saw h im alive on August 22		
deceased (mo., day, yr.) December 25, 1871			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
74 7 27nrsmin.	10 0ays		
9. Birthplace	Due to		
10. Usual occupation. Laborer	Due to		
11. Industry or business unknown			
	Other conditions Psychosis with Cerebral Known to		
12. Name Thomas Traynham 13. Birthplace unknown	Arteriosclerosis (Include pregnancy within 3 months of death) 3/2/45		
14. Malden name. Adaline Wade 15. Birthplace unknown			
E 14. Maiden name	Major findings of operations.		
2 15. Birthplace unknown	Date of op.		
16. Informant Hospital Records	Antopsy results		
Address Crownsville, Markland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Buried Bate thereof Aug. 26, 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Mt. Calvary	Whers did injury occur?		
Localion Anne Arundel County	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Mrs. Robert Elliott & Daughter.	Msens of Injury		
	The Market		
Address 129 N. Caroline St. Balto. Md.	23. SIGNATURE / CLIT VI / / / / / CLIT VI		
19 8/26 46 (decopleation	M. D. or other		
19. (Daje rec'd by registrar) Registrar	Address Crownsville, Maryland Date signed 8/22/46		

PLAINLY, WITH UNis especially importan

PLEASE WRITE

e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46.8

07732

CERTIFICAT	E OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH: County Anna Animae Clister town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 1.2. Street., Annapolis, Md., How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME ETHEL C. TREADWAY	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Hame of husband or wife. Charles H. 7. Birth date of deceased (mo. day, yr.) Nov. 3, 1884 8. AGE: Years Months Days if less than one day 61 9 12 hrs min. 9. Dirthplace Portsmuth New Hampshipe 10. Usual occupation. House Wife 11. Industry or business 12. Hame Adolph Robock 13. Birthplace Germaney 14. Maiden name Mary W. Schwallenberg 15. Birthplace Baltimore, Maryland	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 18. 4 to 19. 19. 4 to 19. 4 t
16. Informant M.p. Chaples H. Treadway Address 12 R St. Annapolis Md. 17. Burial Date thereof Aug. 1.7.46 (Burial, eremation, or removal, Which?) Cemetery or crematery St. Mary's Cametery Location Annarolis, Maryland 18. Funeral director B. L. Hopring & Son Address Annapolis Maryland 19. Address Annapolis Maryland 19. Registrary	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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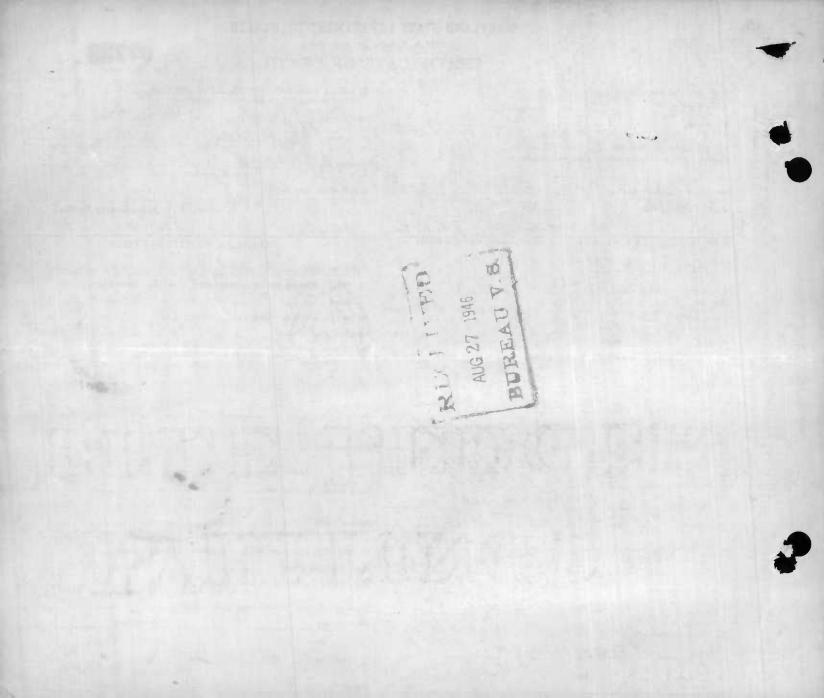
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 540

CERTIFICATE OF DEATH

0773823 Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (FICTIVIE) OF DECEASED: (For sewborn infants give residence of mother)
County A A.	
City or town	State 127 12Nd County HNNE HYUNGE
	City or town (1 CN /3 4 / N / E (WK N 00 A) (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. Oak Wood Koad
	(If rural, give LOCATION)
How long in hospital or tastitution?	. 2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Thomas	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Mayried	20. DATE OF DEATH HUGUST 24 19 46 at 1177/M
Myytle M. Vest	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband or wife. Myytle M. Vest	Dan 1946, 10 Deeg 3 4 1946
/VCC /= WIN 4	3
7. Birth date of	and that I last saw have alive on 1946
	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Demar (Oleona) Com 1 gm
55 4 9hrs. min	
Richmond Va	
9. Birthplace(Town, county, and state)_	Due to
Mario have so forte man	
10. Usual occupation Example:	Due to
11. Industry or business Bethlehem Fair field.	
12. Name Joseph Pagar Vest 13. Birthplace Rich mond Va	Other conditions
13 Birthplace Richmond Va	
	(Include pregnancy within 3 months of death)
14. Maiden name EMMA I HAYAIC	Major findings of operations
14. Maiden name EMMA I Haydie 15. Birthplace Rich mond, Va	
	Bate of op.
16. Interment MYS. Joseph T. Vest	. Antopsy results
Address Glen Buynie Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal Which?) Oate thereof H ug 27 10 month (day) (year)	
Cemetery or crematory. GIEN HAVEN	Where did injury occur?
Glen Buynie Md	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director of Romas W. Lung lilon	Means of injury injured at work?
Al- BUYNIOLMI	A P A
Address GEN BUTNIEJMA.	23. SIGNATURE Char. L. Dale Jr Da D
Gua 16 mile marenale	M. D. or other
(Date ree'd by registrar) Registra	Address Levelice Date signed 3-24-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 120-01

			CERTIFICA'	TE OF DEATH	Reg. Diat. No2		
How long in above place Hospital, Institution, c	Anna	alie eath occurred: eant	and give nearest town)	City or town (1f outside city or town lin 34 Pleasant	of mother) Anna Arun County polis nits, write RURAL and give near	rest town)	
3. (a) FULL NAM	seph Weems				3. (b) Social Security I	Number	
4. Sex Male	5. Color or race Colored		ed, widowed, or divorced	MEDICAL 20. DATE OF DEATH 8-19-4	CERTIFICATION	al/04	
	d or wife	6.(c) If ali	ive, give ageyear	21. I CERTIFY that death occurred on the data above stated; that I altended deceased from			
8. AGE: Yea			less than one dayhrsmin.	Immediate cause of death.	Tuby	DUR	
9. Birthplace	walter	ounty, and state)		Due to		201110102000	
11. Industry or busine		s Arundel		Other conditions		************	
14. Maiden name	Georgian Anna Ar	undel Co.	•	(Include pregnancy within			
16, Informant		aylor rt Street	Ե	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statist 22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, crematic	rial m, or removal. Which?) Brewer Hi tory.		(month) (day) (year)	Accident, suicide, or homicide	Dale of	(State)	
Location	Ethel I	eet Exter	nded	Injured at home, farm, industry, public place Means of injury		*********	
Address 19. Chate rec'd by	#3-45 Nort	hwest St	Townsh. Registra	17 Comell	aldy M. D. c	or other	

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CERTIFICATE OF DEATH

PLACE OF PRACTI	2 HOUAL DESIDENCE (LICAME) OF DESCRIPTION
i. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ity or town	State May County Aus Ormale
ow long in above place of death?	City or town
ospital, Institution, or street address where death occurred:	Street No. Catholial Strut
Emergency Hoogsetal	(If rurai, give LOCATION)
low long In hospital or Institution.	2.(a) If veteran, name war.
(a) FULL NAME Sosalie Viola	White 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale What Dingle	20. DATE OF DEATH. Aug. 20 19.4C at 12.17
S, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Cloudy 18 19 16 10 aug 20 19 79
T. Birth date of deceased (mo., day, yr.) 9-26-04	and that I last saw h
B. AGE: Years Months Days If less than one day	Immediate cause of death
41 11 25hrs.	min. Sury assignment
5. Birtholace Memp Lio, Lennessee	Due to.
(Town, county, and state)	unknawas
10. Usual occupation	Due to
11. Industry or business	
12. Name Charles a. White	Other conditions
13. Birtholace Cumapous, Ma.	(Include pregnancy within 3 months of death)
14. Malden name	Major findings ol operations.
15. Birthplace amagalis, Ad.	Date of op.
16. Informant Within Wall	Autopsy results
Address Chesapeake lue Gaston m	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Date thereof	G Bota of
Gemetery or crematory.	Where did injury occur?
Anna ma dia Med	Injured at home, farm, Industry, public place (where?)
Location Control of the Location	Means of thjury Injured at work?
18. Funeral director.	W to
Addresa Ulmapologina.	23. SIGNATURE CAMILALLY
10 august 23,0 46 7 - 1 much	M. D. or other
(Date rec'd by registrar) Reg	ristrar Address and Apall Date signed Date signed

AUG 24 1946
BUREAU V.S.

(N	
	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.
I MANGIN RESERVED FOR BINDING	Supply every item of it
dean Mean	ADING INK. Physicians: p
I	WITH UNF important.
8	PLAINLY, is especially

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

17736

			CERTIFI	CATE OF	DF	EATH		Reg. Die	t. No.	38
1. PLACE OF DE. Anne County	State	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Anne Arundel City or town Gambrills (If outside city or town limits, write RURAL and give nearest town) Street No. R.F.D. (If rural, give LOCATION) 2.(a) th veteran, name war.								
3. (a) FULL NAMI	WHITMORE	- ADD	Œ					3. (b) Socia	Security	Number
female	5. Color or race black		e, married, widowed, or divorced Ldow	2D. DATE I	OF DEAT		CAL CER			,10:45 A
6.(b) Name of husband 7, Birth date of deceased (mo., day, y			e) if alive, give age	years and that 1	lay '	t death occurred on 7	19.4. Au	2 Aug gust 13	ust 1	3 19 46 19 46
8. AGE: Years 84 9. Birthplace	unknown (Town,	Days DOWN	If less than one dayhrs.	Due to		al Arteri	ioscler	osis		Known to us since
11. Industry or busines 12. Name	and material			Other cond	(Senile	y within 3 mor			Known to us since 5/7/42
16. InformantHG Address CI	cownsville crat or removal. Which? powroon Dup Crown H	Date ther	end (month) (day) (yes	PHYSICI, 22. V10L Accident, Where did Injured at Means of 23. SIGN	AN: Plea ENCE: I suicide, injury of home, fi	the death was due to or homicide	y or town)	(Coun	owing: ate of ty) M. D.	



2411 N. Charles St., Baltimore 920

07737

CERTIFICATE OF DEATH

2

Assessment		CERTIFICA	TE OF DEATH	Reg. Diat. No. 1021	
1. PLACE OF DEATH: Anne Arundel Co. County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Annapolis (If outside city or town limits, write RURAL and give nearest town) 87 Calvert Street		
87	Calvert S	treet		rive LOCATION)	
How long in hospital or	Institution?	***	2.(a) If veteran, name war)	
3. (a) FULL NAME Jo	seph Willi	BMS		3. (b) Social Security Number None	
4. Sex Color or race Colored Widowed, or divorced Widowed				CERTIFICATION 4/46 19	
	June '		21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from 19.46, to George 24, 19.	
8. AGE: Years	Months 1	Days It less than one day 27hrsmir	Immediair cause of doath Apples		
9. Birthplace			Due to Try perteneire Car	do Vescula Disen	
11. Industry or business	None		Due to		
₩ 12 Name	Bennie Wil		Other conditions		
14. Maiden name	Martha M		(Include pregnancy within		
16. Informant		illiams	Actorsy results		
Address 87 Calvert Street Burial 8- 28 -46 17. (Burial, cremation, or removal, Which?) (month) (day) (year) Brewer Hill Cemetery or crematory			22. VIOLENCE: It death was due to external Accident, suicide, or homicide	Date of	
West Street Extended			Injured at home, tarm, industry, public place		
	Ethel L.	Hicks	Means of Injury	Injured at work?	
Address	43-45 Nort	hwest Street	23. SIGNATURE	J. Skusnk J.	
19. (Date rec'd by reg	28 19 46	Registra	Address to Mershives do	her Date signed \$154/	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d CERTIFICATE OF DEATH

		95
Dia	Diet	No

	Rog. Dist. No.			
1. PLACE OF DEATH: County Anne Arundel County City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 yrs, 11 mos, 2 days Hospital, institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 8 yrs, 11 mos, 2 days 3. (a) FULL NAME WILSON - JOHN H.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number			
4. Sex male 5. Color or race 6.(a)Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE DF DEATH August 8 19 46 219:00 P			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6 19. 37 to August 8 19.46 and that I last saw h IM alive on August 8 19.46 Immediate cause of death DURATION Chronic Myocarditis DURATION			
9. Birthplace Maryland (Town, county, and state) Laborer 11. Industry or business 12. Name Dan Wilson	Due to			
13. Birthplace unknown 14. Malden name Frances Simms 15. Birthplace unknown Hospital Records	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.			
Address Crownsville, Maryland 11. Curul: (Burial, cremation, or removal. Which?) Cemetery or crematory. To plate Location	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
18. Funeral director Combinative And Address Townsortle And 19. (Date rec'd by registrate) Registrate Registrate	23. SIS TURB AND OF THE PORTS M. D. or other M. D. or other Address Crownsville, Maryland Bate signed 8/8/46			

BUREAU V.B.

y.	07	7	3	9	1	or
-	Reg.	Dia	t.	No.	1	-8'

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cra neville Manuland	State Maryland County Baltimore
Cily or town. Cre nsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 21 days Hospital, institution, or street address where death occurred:	City or town
Crownsville State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2 months, 21 days	2.(a) If veteran, name war.
3. (a) FULL NAME YOUNG - ROBERT	3.(b) Social Security Number unknown
4. Sex male 5. Color or race black 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH August 20 19. 46., 21. 1:10. Am
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 19 46 10 August 20 19 46
T. Birth date of deceased (mo., day, yr.) 1868 ? 8. AGE: Years Months Days If less than one day unknown	General Arteriosclerosis General Since 5/2
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business	Due to
12. Name John Young 13. Birthplace Maryland	Psychosis with Cerebral Arteriosclerosis 5/29/4
14. Maiden name Hannah Busk 15. Birthplace Maryland	Major findings of operations
16. Informant Hospital Records Address Crownsville, Maryland	Autopsy results
17. Buried Date thereof Aug. 23, 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Mt. Zion Cemetery	
Location Longgreen, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Mrs. Francis T. Hemsley	Means of injury Injured at work?
Address 578 W. Biddle Street, Balto., No. 19. Fro-46 19. 27. Joyce Arcal (Date rec'd by registrar) Registra	23. SIGNATURE AND STATE OF THE
19. The recid by registrar) 19. Z.T. Joyce Abcal Registrar	Address Crownsville, Maryland Date signed 8/20/46

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